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THE
TRAFFIC IN BABIES

WALKER



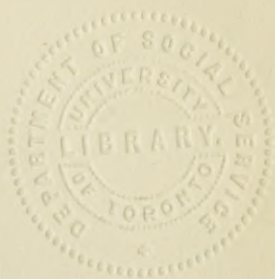
THE TRAFFIC IN BABIES

AN ANALYSIS OF THE CONDITIONS DISCOVERED
DURING AN INVESTIGATION CONDUCTED
IN THE YEAR 1914

By

GEORGE WALKER, M.D.

Chairman of the Maryland State-wide Vice Commission

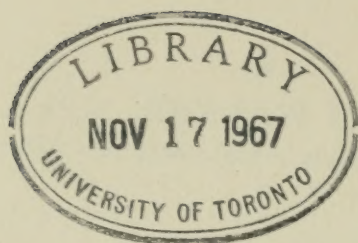


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PUBLISHER'S PREFACE

The material comprised in this present publication was embodied in that section of the Report of the Maryland State-wide Vice Commission dealing with the traffic in babies. It was obtained during the latter part of the year 1914, and was gathered almost entirely under the personal direction of the Chairman, George Walker, M.D. The Commission, appointed by the Governor of the State of Maryland, handed in its report on December 15, 1915, after three years of investigation.

The following symbols are used as substitutes for proper names:

Physicians—P1, P2, P3, etc.

Clergymen—C1, C2, C3, etc.

Nurses—N1, N2, N3, etc.

Midwives—M1, M2, M3, etc.

Social Workers—S1, S2, S3, etc.

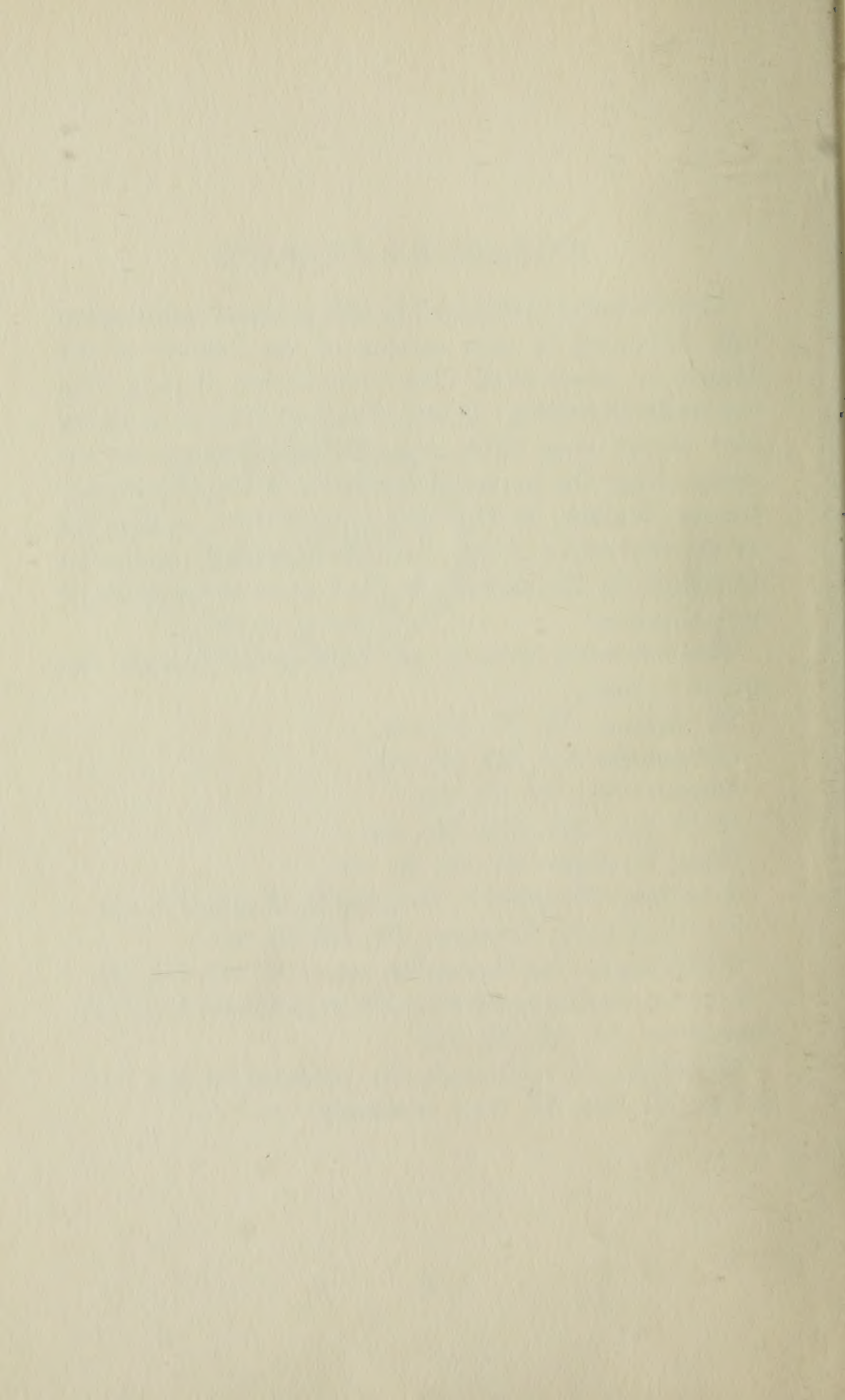
Hospitals—Hospital 1, Hospital 2, Hospital 3, etc.

Boarding-home Keepers—B1, B2, B3, etc.

Orphanages, Day Nurseries, etc.—O1, O2, O3, etc.

Persons offering to adopt children in answer to advertisements—A1, A2, A3, etc.

Miscellaneous references not included in the foregoing—X1, X2, X3, etc.; or simply: ———.



CONTENTS

	PAGE
INTRODUCTION.....	1
INVESTIGATION OF INSTITUTION No 1.....	5
Interviews with Superintendent by three Investigators.....	5
Interviews with Physicians concerning the placing of Babies in Institution No. 1.....	7
Interviews with Clergymen concerning the Placing of Babies in Institution No. 1.....	8
Interviews with Nurses concerning the Placing of Babies in Institution No. 1.....	8
Interviews with Midwives concerning the Placing of Babies in Institution No. 1.....	12
Inquiries at Hospitals concerning Institution No. 1.....	16
Facts relating to the Management of Institution No. 1.	17
Maternity Department.....	17
Nursery.....	17
Receiving of Babies.....	17
Care of Babies in the Nursery.....	18
Feeding.....	18
Nursing Bottles.....	19
Clothing.....	20
Medicines.....	20
Bathing.....	20
Infections.....	21
Weights of Babies.....	21
Records.....	23
"Mother Babies".....	23
Maids and their Babies.....	24
Older Babies.....	25
Diseases and Deaths due to Nutritional Disturbances.....	26
Average Ages at Entrance and at Death.....	27
Tables showing Ages at Entrance and at Death.....	28
Mortality in 1912, 1913, and 1914.....	30
Specimen Tables showing Record of Admissions, Deaths, etc.....	32
Mortality recorded in Baltimore City Report from 1900 to 1914.....	35
Notes on Death and Burial of Infants.....	37

INVESTIGATION OF INSTITUTION No. 2.....	41
Interview with Superintendent by Investigator.....	41
Views of Physicians, Clergymen, Nurses, Midwives, and Social and Religious Workers concerning the Placing of Babies in Institution No. 2.....	41
Facts relating to the Management of Institution No. 2.....	43
Food.....	44
Care of Babies.....	44
"Mother Babies".....	45
Diseases and Deaths due to Nutritional Disturbances....	45
Average Ages at Entrance and at Death.....	46
Tables showing Ages at Entrance and at Death.....	47
Mortality in 1902-3, 1907-8, 1911, 1912, 1913, and 1914....	51
Specimen Tables showing Record of Admissions, Deaths, etc.....	53
Mortality recorded in Baltimore City Report from 1900 to 1914.....	55
Mode of Burial.....	57
INTERVIEWS WITH PHYSICIANS CONCERNING THE SEPARATING OF MOTHER AND CHILD.....	59
INTERVIEWS WITH CLERGYMEN CONCERNING THE SEPARATING OF MOTHER AND CHILD.....	73
INTERVIEWS WITH NURSES CONCERNING THE SEPARATING OF MOTHER AND CHILD.....	79
INTERVIEWS WITH MIDWIVES CONCERNING THE SEPARATING OF MOTHER AND CHILD.....	85
INTERVIEWS WITH SOCIAL AND RELIGIOUS WORKERS CONCERNING THE SEPARATING OF MOTHER AND CHILD.....	99
INVESTIGATION OF HOSPITALS CONCERNING THE DISPOSING OF INFANTS.....	111
INVESTIGATION OF BOARDING HOMES FOR CHILDREN.....	117
RESULT OF ADVERTISING REGARDING HOME FOR VERY YOUNG INFANT.....	129
MISCELLANEOUS INSTITUTIONS HAVING TO DO WITH THE CARE OF CHILDREN.....	141
SUMMARY.....	145
APPENDIX: LAW ENACTED BY STATE OF MARYLAND, RESULT- ING FROM INVESTIGATION BY VICE COMMISSION OF TRAFFIC IN BABIES.....	155

THE TRAFFIC IN BABIES

INTRODUCTION

There are two well-known institutions* in Baltimore that will receive infants immediately after their birth and keep them permanently. The parents, by paying to either of these institutions from \$100 to \$125, are relieved of all responsibility and relinquish all right and claim to the child. *The mortality in these institutions varies from 75 per cent to 95 per cent. The mortality of infants nursed by their mothers is less than 10 per cent.*

Among other means used for disposing of illegitimate children, or legitimate ones whose parents will not care for them, may be mentioned the following: having them adopted by a private family for a certain price; having them boarded in boarding homes; giving them over to a midwife or some irresponsible person. There is no let or hindrance to the traffic. Permission need not be obtained from the city or the state; nothing is necessary for such a transaction to be consummated other than the desire of the parent to be rid of offspring and the willingness of some one else to receive it. Children may be procured from hospitals, or from women in whose care they have been placed, by merely asking for them and paying a fee.

An investigation of this traffic has been made and is set forth in the following pages. The two institutions were investigated, first, by having certain investigators

*Referred to throughout this report simply as "Institution No. 1" and "Institution No. 2."

interview each superintendent regarding the permanent placing of a child in the institution; second, by inquiring among physicians, nurses, midwives, and others, as to the use they make of these institutions; third, by obtaining facts concerning the reception and treatment of babies and the types of babies placed in the nurseries of the institutions; fourth, by making copies of their records concerning mortality; and fifth, by obtaining data relative to the mortality of infants placed in these institutions by the city.

In order to learn the attitude of physicians, clergymen, nurses, midwives, superintendents of hospitals, and others, relative to the permanent separation of a new-born infant from its mother, we interviewed a number in each class.

Of the 49 physicians interviewed, 42 were willing to aid in the procedure and to charge a fee; many of them a double fee. All of these physicians were cognizant of their acts; they were not ignorant; they knew that when a child is separated from its mother at birth and put into an institution it has hardly a chance of living. Yet, for a fee, they were willing to subject a child to this gradual, starving death.

In this investigation 30 clergymen, including Protestants, Catholics, and Hebrews, were interviewed. Of the whole number only two interposed a serious objection; each and every one of the others was willing to help; some went much further and said that they would accept money for their services. One was willing to receive \$100; another, \$150; another, \$250. Only one of two things can be said about all of these men: either that they are willing knowingly to aid in

the killing of a child; or that they are ignorant of what they are doing.

Of 69 nurses interviewed, only four said they did not approve of separating mother and child.

Of the midwives, only two in the whole number refused. To the others the thing seemed right and proper and not even unconventional; *one went so far as to consider choking the child as soon as it was born.*

We found, too, a few so-called social workers and religious workers who jumped at the chance of arranging for the separation and were eager—yes, greedy—for the fee offered. *In justice it should be said that members of the well-known charitable organizations were interviewed concerning the traffic, and they refused to take any part in it.*

And the institutions! Day after day, month after month, year after year, they receive healthy, plump infants into their wards and watch them hour after hour go down to death. They know that practically all of those that immediately after birth are separated from their mothers will die; yet year after year they keep up this nefarious, murderous traffic.

We do not attempt in this study to settle the many complex problems relating to the illegitimate; but we believe that the facts show that society's method in many instances is one of repression and virtual murder. This is a harsh word, we grant, and we would fain substitute a gentler term; but, after all is said and done, that which we have recorded is virtual murder, and slow and cowardly murder at that. It would be far more humane to kill these babies by striking them on the head with a hammer than to place them in insti-

tutions where four-fifths of them succumb within a few weeks to the effects of malnutrition or infectious diseases. It is a few weeks of suffering, a few weeks of going down to death by a process that is slower than the hammer, but in most instances just as sure. Hedged in by our system of shams and our fabric of lies, we refuse to call this practice killing the babies; we dignify it by the softer name, the smoother phrase, of putting them into institutions where they will be cared for. But nearly all of them die; and many of us know that they die; and moreover many think it better that they die.

All this is done in the effort to preserve a family's good name; to prevent a girl's reputation from being smirched; to save a man from facing the consequences of his act. Altogether it is a well-organized hushing up, by a system of subterfuges and repressions, in order that certain individuals shall not have to face openly what they have done. And aiding in this is a band of doctors, clergymen, mothers and fathers, and institutions, conniving and plotting and having a hand in the killing of an absolutely helpless child,—all in the name of virtue and purity and the saving of somebody's home. It is time that society grapple with this thing and look it in the face and recognize it for the cowardly, dastardly deed that it is.

This whole system of doing away with infants has some phases of a *regularly commercialized traffic*, in which a large number of persons are directly or indirectly engaged for profit.

INSTITUTION NO. 1

An investigator went to Institution No. 1 and represented herself as having a niece who was pregnant and wished an absolutely private place where she could be confined and the baby permanently "put away."

She spoke to the superintendent. The impression of the investigator was that this woman is an absolutely rigid business manager. She said she should be quite willing to take the patient at once. If she wished to go into a ward the price would be \$3 a week until her confinement, and then \$7 a week; in addition to this there would be a fee of \$30 for the services of doctor and nurses. If the girl would rather have a semi-private ward the price would be \$9 a week until confinement, and for the three following weeks it would be \$10 a week. If she wished a private room the price would range from \$12 to \$20 a week. In any case the fee of \$30 for doctor's and nurses' services would be charged. If the child were to be left in the institution it would be separated from its mother at once and placed in the nursery. This would cost \$125, payable in advance. The girl must sign a document relinquishing the child entirely to the institution. The child must never be asked for, inquired about, or claimed, under any circumstances. If the girl were able to pay it, \$200 would be the fee; which the superintendent said she considered a very small sum. If the mother wished to reserve the right of claiming the child at some future time, it would be boarded meanwhile at the rate of \$20 a month. If, later, she decided to

relinquish it entirely, she could do so by paying then the fee of \$125. The superintendent said that if the girl had a private room no one in the world would ever know of her having been there.

Another investigator, a man, made inquiry under the same pretext, and was told that private rooms range from \$15 to \$25 a week; that the fee for doctor and nurses is \$30; and that the price for permanently adopting a baby is \$125.

Any girl or woman will be taken in and completely hidden from the world.

The superintendent claimed that the institution tries to make mothers nurse their babies for a year in order to give the infants a start; *and that this is most positively insisted upon with mothers who are too poor to pay any of the institution charges, but that with patients who pay, it is often better, for family reasons, the girl's good name, and so on, to effect an immediate separation.*

A third investigator interviewed the superintendent regarding adopting a baby. She was told that an infant may be adopted by a family; the only requirement being a letter from the pastor of the family desiring to adopt the child. She said that there is no charge for this, but that contributions to the hospital are accepted. The foster-mother may get the baby at any time, provided she brings the pastor's letter and a change of clothing for the infant. The foster-mother is expected to write several times a year, and is invited, if ever in Baltimore again, to visit the institution. The superintendent said that women from out of town frequently adopt babies and pass them off as their own.

From the foregoing it will be seen that no investigation is made of the homes into which the children are put, other than a mere letter from a clergyman.

In an investigation among physicians, clergymen, nurses, midwives, and others, the following statements bearing on this institution were obtained:

Physicians. Of 42 physicians who agreed to the placing of a child, 21 named Institution No. 1; a number of others said simply an "institution," without specifying the name.

Dr. P1 said he would place the child in Institution No. 1. When asked about the mortality there he said, "They all live, and your child will grow to be a fat and healthy youngster."

Dr. P2, of ——— Hospital, lying-in department, said that the babies are sent to Institution No. 1, but that the mortality there is about 90 per cent.

Dr. P3 said: "I will place the baby in Institution No. 1; it will not live more than five weeks, but I think that is the best thing that can happen to it."

Dr. P4: "I could not think of placing it in Institution No. 1, for the babies die like flies."

Dr. P5: "The mortality in these institutions is about 90 per cent; I regard it as murder to place a child in one of them."

Dr. P6: "I once took a baby to Institution No. 1, and two days afterwards, on account of the condition of the mother, I went to bring it back again. We had a hard time identifying it, and only after a very careful examination was I able to distinguish it from the other young babies. There does not seem to be any way of differentiating one from the other."

Dr. P7: "I will arrange to place the child in Institution No. 1; but this is the most disagreeable feature of the work, for the mortality at this place is very high; yet we are obliged to do it."

Clergymen. One of the clergymen interviewed recommended that the investigator send the supposed child to Institution No. 1; later in the conversation he said that 90 per cent die.

Another clergyman was not willing to send the child to Institution No. 1 because of personal reasons.

(The views of the clergy are presented more fully in another section.)

Nurses. Of 69 nurses, 26 recommended Institution No.1 as a place in which to put children permanently.

N1, practical nurse, said that while nursing at the Hotel ——— she met a beautiful girl employed there in some capacity. The girl, who was pregnant, went to Institution No. 1 for confinement and left her baby there.

N2 said that there is no risk in boarding an illegitimate child, because if the parents stop payment the baby can immediately be turned over to Institution No. 1.

N3, a graduate of the ——— Hospital, said that while she was at the hospital the babies were sent to Institution No. 1.

N4 strongly recommended the nurses at Institution No. 1; she said that nothing told to them would ever be repeated; and that many girls who have illegitimate children send their babies there. She cited the case of a mill girl who went to the house of a woman in West ———, where she was confined. The next day the woman took the baby to Institution No.1.

N5, a graduate of ——— Hospital, said that when she was in training the girls who were confined at the hospital had their babies taken to Institution No. 1, for which they paid about \$35; those who sent only \$10 had their babies returned.

N6 had trained for three months at Institution No. 1. She said that the regular course is six months, but that she did not stay on account of not being able to stand seeing the babies suffer. Most of the babies, according to her statement, had specific diseases. Those coming from the better class were not diseased but were in bad shape because of the nervous and worried condition of the mothers. While there she had charge of eight babies; she loved them, and it was much harder on her to see them suffer than if it were grown people. She saw one splendid child fall into a coma and die when eight weeks old, and the doctor could not tell what was the matter. She said the girls employed as maids were not worked too hard and could go to bed every night at seven o'clock; one of these girls starved her baby almost to death by refusing to nurse it. She was finally made to nurse the baby in the presence of a nurse. If a maid's baby dies, the mother, who is compelled to work her time out, is allowed to go at the expiration of six months; if the baby lives the mother is made to stay a year. There were about 50 infants in the institution when N6 was in training. She advised the investigator to place her baby there and said it would get every care and attention; and that varying prices are asked for admission. She said that the mortality is not so high as 90 per cent but is probably about 50 per cent.

N7, who has worked at the ——— Hospital, said that babies are often taken from their mothers at birth and sent to Institution No. 1.

Mrs. N8, who formerly had charge of the maternity department of ——— Hospital, said that all babies who were to be placed were sent to Institution No. 1.

N9 advised that the baby be placed in this institution, where it would receive every care and attention. She said she did not say this for any personal reason, but that she had seen both sides and thought the baby would be better off in an institution. It could be placed there, she said, for about \$50.

N10 was graduated from the ——— Hospital and had been in Institution No. 1 for two and a half months. She said that the babies receive regular care; each one has its own cot; all bottles are sterilized and the babies are fed regularly every two hours. In spite of this, she said, most of them die, which she believed due to the lack of a mother's care; few of the babies live to be six months old, the majority dying from three to five months after entering; over 60 babies were there during her stay.

N11, practical nurse, recommended the institution; she said she could put a baby there for \$25; she advised telling the institution that the girl was poor and had no home. She said that no questions would be asked and that the baby would be taken in; that the more money you have the more you have to pay, and she suggested to the investigator that she keep some of the money for her trouble. She said she had gone to the hospital with a friend whose daughter was in trouble; the matron was most emphatic that \$25 must be forthcoming with the baby. This the woman could not pay; so her daughter, who was only sixteen, went with her baby to another hospital, where she did laundry work. While in the hospital her baby died; the girl, who now lives in a questionable neighborhood, never goes to see her mother, and says that if her mother had not forced her to give up the baby she would have kept straight.

Mrs. N12, practical nurse, related the story of the child of a couple from the South. The girl was about eighteen and the man double her age. They had just married, and the baby came most unexpectedly on their wedding trip; they could not well go back home with a child, for no one knew about the girl's being pregnant; so they got a nurse to take the child to Institution No. 1, where it died.

N13 said that her daughter had recently been in trouble. She had placed her in the maternity department of Institution No.1, where she was confined and the baby retained. N13 said she was certain that an arrangement could be made for patients there, and that it would not cost a great deal if the investigator would tell her story to the nurse. She offered to go to the hospital and make arrangements about the case. Later she went with the investigator and introduced her at the hospital.

The investigator applied to a large establishment where wayward girls are placed; the matron said, "we do not take such cases here; you can send her either to Institution No.1 or to one of the hospitals; I am sure you would not want to send her to Institution No. 1; I think ——— Hospital is preferable. After that the baby can be placed in Institution No. 1."

N14 said she felt sure she could make arrangements to have the child "put away;" that of course there was always Institution No.1, but she thought perhaps she could arrange some other way. On the second visit she had no other plan than to send the child to Institution No.1.

Mrs. N15, when asked about placing the child, said, "Of course there is Institution No. 1; but oh, I would

not put a child there if I were you. They take all that are brought and of course cannot give them proper care: so as a rule the babies die."

N16 said she could place the child in Institution No. 1, which she considered a very good place, but could not tell exactly what it would cost; she said she would make the best arrangements she could, but that it was worth money to take permanent care of a child.

A mother placed a child in Institution No.1 for \$50. A little later (the exact time was not stated) an organization sent there to get the child; but the nurse said she could not identify it among so many others.

A girl left her baby in Institution No.1 and went to Richmond; some time later she sent to the institution for her child; she was told that it was sick and could not be moved. Several days afterwards she received word from the institution that a mistake had been made and that her baby, which was healthy and robust, was there and could be obtained if she sent for it. It was accordingly sent for; but on the arrival of the person sent for the baby the nurse said that another mistake had been made and that the girl's baby had died shortly after it was placed in the institution.

Midwives. Forty-nine midwives said that they would place an infant in this institution; they claimed that no questions would be asked; that the infant could be put there permanently at a price ranging from \$35 to \$125. The charges were more explicitly stated as follows: 7 midwives said \$35; 2 said \$40; 13 said \$50; 1 said \$55; 2 said \$60; 1 said \$65; 4 said \$75; 5 said \$100; 1 said \$120; 1 said \$125.

It is seen from this that the midwives name a much lower figure than the usual price of \$125; this is ac-

counted for by the fact that the midwives in some cases tell the institution that the patient is a poor girl who cannot possibly pay a large amount; and the institution accepts her. We have also a number of instances of the midwives' having obtained fees of \$100 and paid the institution from \$35 to \$50. Some midwives, we have reason to believe, have received as much as \$150 and placed the infants for very much less.

It is the statement of all of them that formerly the price was much less—sometimes as little as \$15. The price rose gradually to \$50, then to \$75, \$100, and \$125.

A midwife told the investigator to be very careful when she went to this place not to appear rich; if she did so, she said they would try to make her pay a large fee. She advised the investigator to let her go along, and claimed that she could make arrangements to have the child placed for \$35 or \$50.

Mrs. M1 has evidently placed many babies in this institution; she says it can readily be done for \$55. She charges \$5 for carrying the baby there.

M2 said that it costs \$125 at this institution, and that she charges \$10 for carrying the infant; and that a man once paid her \$20 for this service.

M3 said she had carried, for doctors, many babies to this institution. She said she goes at about midnight to the house where the baby is, and usually meets a person in the hall who gives her the baby, a sealed envelope for the nurses, and \$3 for herself. She is not told the name of the people. When she gets to the hospital she rings the bell and delivers to an attendant the bundle containing the baby. She makes no arrangements and gives no statement in the case, as the doctor attends to everything beforehand with the woman in charge.

Several years ago she worked in connection with a certain lying-in hospital, run by X1 and X2. She took to Institution No. 1 all the babies that were to be disposed of. Formerly she carried them in a cab, but later she saved the cab fare and walked.

One night she was called to the house of a young girl, who asked her to help in disposing of her baby. The girl had only \$5. M3 took the sickly infant to the institution, where it was received for \$5; the next week the girl paid her \$5 for her trouble. Three years later the mother, in the meantime having married, went to the hospital to claim her child. She was told that the baby had never entered the institution. The mother asked for an explanation from M3, who immediately went to the hospital and interviewed the nurse. The nurse brought in the record book and showed the record of the entrance of the child and of its death a few days later. It had been entered under an assumed name which the mother had forgotten.

M4 spoke of a girl who became pregnant. The family of the man opposed marriage on account of difference in religious faith, though both the man and the girl were willing to marry. The confinement took place at the hospital; the baby was left there, and died in two weeks.

M5 said she knew of two servant girls who left their babies at the institution. One of them bitterly regretted having to part with her child, a fine healthy baby; but she could not support it. The baby died in two months.

M6 said she could not now place a child in the institution for less than \$120; but that a few years ago it would take all that were brought to it for from \$25 to \$35.

M7 cited the case of a girl who was pregnant by a rich butcher; he would not marry her because she was poor; he gave her \$400 and told her to "put the baby away," for he did not want people to say it was his child who was running about. The baby was placed in Institution No.1 and has not since been heard from. The man married a woman with means, and later the girl herself married.

Mrs. M8 told the investigator that a young foreign girl who had recently arrived in this country came to her when she was two months pregnant; the man responsible was her brother-in-law. The girl was placed in ——— Hospital and the baby was immediately separated from the mother and sent to Institution No.1. The brother-in-law furnished the money to have the baby placed.

M9 said she knew a man who gave a girl \$100 to place a baby in the institution.

M10 said that one night the daughter of a neighbor came to her house and asked for help. Upon going to the home she found that the girl's sister had just given birth to a baby. The mother of the girl was half crazed with grief and tried to choke the baby to death. The girl had lain in her critical condition from 5 p.m. to 11 p.m., the mother refusing to render any aid or have medical attention. M10 insisted upon calling a doctor, and put the mother out of the room and locked the door. At the end of a few weeks nurses came from Institution No. 1 in a carriage and took the baby away, although the girl cried and pleaded with her mother to let her keep the child. After several weeks the mother relented and went to the institution to get the baby, but found that it had died. This preyed on the wom-

an's mind to such an extent that she committed suicide. The girl went to the bad, becoming a prostitute; she said that had she been allowed to keep her baby things would have been different.

Mrs. M11 said she had procured a baby from the institution for a woman who wanted one; that later, on account of failing health, the woman could not care for the child; and that she (Mrs. M11) placed it again in the institution.

Hospitals. One of the hospitals has for a number of years sent to Institution No.1 all the babies that it wishes to dispose of permanently. There is an old woman, called "Mother—", who carries the babies from the hospital to this institution; she gets \$5 for this service.

At another hospital the nurses have charge of separating the infant from its mother; they make all the business arrangements; receive the money; and send the baby to Institution No.1 by an old black woman, who carries it in a basket.

At another the head nurse, Miss N17, takes entire charge of the separation. Formerly she sent all the babies to Institution No.1; but now a number are sent to another institution.

At the ——— Sanitarium the head nurse takes charge of the separation and sends the baby to Institution No.1; but sometimes, in special instances, Dr. ——— carries the baby himself.

At the ——— Hospital the babies were all formerly taken to Institution No.1; but most of them are now sent elsewhere.

FACTS RELATING TO THE CARE OF INFANTS IN THE
NURSERY OF INSTITUTION NO. 1*

Maternity Department. There are four classes of patients: free, who pay nothing; ward, who pay \$3 a week; semi-private, who pay \$9 a week; and private, who pay from \$12 to \$15 or \$25 a week. The ward patients are required to act as maids in the institution for one year—they get nothing but board and lodging. The babies are put into the nursery and the mothers go there at stated intervals to nurse them. Some of the mothers, under certain conditions, are allowed to surrender their babies and are not required to nurse them. A pay patient may have her baby separated from her at birth and placed in the nursery; and the mother never sees it again.

Nursery. In the nursery there are, at this writing, 31 babies below one year in age; there are 12 between one and two years, who are crawling about and are known as “creepers;” and there are about 60 children ranging from two to five years.

Receiving of Babies. The institution receives all white infants, no matter how young, for a definite price, and will take them permanently. They are conveyed to the institution in numerous ways: by old women, carrying them in baskets; by men and women, in taxi-cabs or carriages; and so on. They may be surrendered, as before stated, for a certain price, or they may be boarded for \$20 a month. When they are surrendered they are the property of the institution and the parents or guardians are required to relinquish all

*We are concerned in this study only with the *infants* in this institution.

right to them; when they are boarded the parents may see them at any time, keep track of their progress, and take them out when they so desire.

Care of Babies in the Nursery. The babies occupy the top floor. There are five small rooms, each containing about six wire basket-beds; another room, known as the infirmary, is used for the very sick babies; and the room beyond this is the play-room for the older ones, who are just learning to crawl. There are usually from 12 to 14 of these "creepers."

As a rule they are healthy looking when they enter the institution and even the little foundlings are plump and round. Most of them soon show a change; and the weekly weighing records a loss of from one-fourth to one-half pound. This loss continues until they become thin, miserable-looking little specimens, with old, anxious faces; they feed greedily but never seem satisfied. (See photograph No. 1 appended.)

They are under the care of nurses and of two or three outside assistants who are in training. Six babies are placed under the charge of a nurse or assistant, whose duty is to care for them. The attention during the night is not nearly so individual, for then there is only one nurse in charge of them all.

Each baby has a wire cot to itself; the bedding and the baby's clothes are clean. The baby is bathed regularly, and the women in charge are really as careful as they know how to be.

Feeding. The milk is made up according to a certain formula, varying with the age of the child; and, as it is explained, it would appear to be very well done, for the formulas are more or less scientific and the quantity is regulated for each child. After a little in-

PLATE I



1. BOTTLE BABY, SEVEN MONTHS
OLD, WEIGHT 7 POUNDS
2. MOTHER BABY, THREE MONTHS
OLD, WEIGHT 12 POUNDS

(See Page 18)



BOTTLE BABIES, ABOUT TWO MONTHS
OLD



BOTTLE BABIES 1. FIVE AND ONE-
HALF MONTHS OLD, 2. ONE AND
ONE-HALF MONTHS OLD

vestigation it was found that the nurse who has the preparation in charge does not refer to the book, but makes it from memory; and in addition to this it was found that even when the formula is correct the measurements are inaccurate, being made with a cup, a dipper, or other inexact vessel. The practical outcome is that the babies often have food not at all suited to them. The medical man in charge, who is a fourth-year student, spends hours planning the formulas; but the changes made by him at different times are so sudden and so radical that the babies' stomachs are thoroughly upset. Every now and then two-weeks-old or three-weeks-old babies get whole milk. The student in charge has had almost no practical experience with children and is in the institution to learn something about the work. Time and again his directions and judgments as to the feeding under given conditions were grossly in error, and sometimes when he thought he was weakening the milk he was in reality strengthening it. It must be added in justice to him, however, that he devotes a great deal of time to the care of the infants and that he is very conscientious in his work; but his knowledge is insufficient and his judgment has not been ripened by experience.

Bottles. The nursing bottles are put into a large sterilizer and receive proper attention; but all this care is nearly useless because of the fact that the rubber nipples are rarely boiled and are kept together in one bowl. Even in cases of pneumonia the nipples are not kept separate; so that it may readily be seen that infectious diseases oftentimes spread from one child to another. Partly no doubt because of these nipples, and partly because of the method of bathing, skin and

eye diseases have been known to spread rapidly, unhalting, through the whole ward.

Clothing. The clothing of the babies is comfortable, and the shirts, gowns, etc., are of uniform weight. At night or on cold days hot bottles are put round the infants, and sometimes they are much overheated by these—now and then almost smothered.

Medicines. The assertion that the babies are “doped” and kept quiet with paregoric or other narcotics is not true; this is never done, and no effort is made to keep the babies unduly quiet. They do get, however, a good deal of medicine in the way of tonics, such as cod liver oil, strychnia, Bulgara tablets, etc. It is customary to give the babies every now and then, through a period of from one to two weeks, raw whiskey, dropped on their tongues. Every baby in the ward is given this twice a day; at first the babies cry lustily when the raw whiskey is poured on their tongues, but very quickly they learn to expect it and make no complaint. The medicines are frequently given to all the babies with one spoon. Mustard baths are popular and are given for almost any illness. One baby who was apparently dying was given a very hot mustard bath for a few minutes, then taken out and wrapped in two blankets, put into its wire basket-bed and placed by an open window. It was December, the wind was blowing a gale, and the temperature was about ten degrees above zero. It seemed likely that the baby would die after this treatment; but it did not, and six months afterward it was still alive.

Bathing. The six babies in a room are given a bath every day, but the same vessel and the same wash cloth are used for all; the water of course is changed. There

is not the least doubt that this system is responsible for the spread of infections and increase in the death rate.

Infections. There were twelve babies with infections of the eye; none of these were isolated and no precautions were taken during the bath. The eyes were all bathed from the same vessel (though the water was changed) and in many instances with the same cloth. It went even further than this, for sometimes the wash-cloth used to bathe the inflamed eyes of one baby was used also to bathe the face of another whose eyes were not affected. This custom accounts for many sore-eyed children. As the discharges from the eyes are not examined microscopically for gonorrhea, it is not known whether this disease is present or not.

A number of the babies have boils, particularly marked over the scalp and back of the neck; this finally produces general sepsis and death.

Weighing. The babies are weighed weekly and the weights recorded. It will be seen by an examination of these tables that in a large majority there is a gradual decline. If these weights are compared with normal weight or with those of breast-fed babies in the institution one can appreciate their real significance. Following are the weekly weights recorded for varying periods:

Weights (in pounds)

Emma———, b. October 1, adm. November 2. Weight per week: 8, $7\frac{3}{4}$, $7\frac{1}{2}$, 7, 7, 7, $6\frac{3}{4}$.

George———, b. October 15, adm. October 20. Weight per week: $7\frac{1}{4}$, 7, $6\frac{3}{4}$, $6\frac{3}{4}$, $6\frac{3}{4}$, $5\frac{1}{2}$.

Teresa———, b. October 28, adm. November 6. Weight per week: $5\frac{1}{2}$, $5\frac{3}{4}$, $5\frac{3}{4}$, $5\frac{1}{2}$, $5\frac{3}{4}$, 6.

Leo———, b. September 13, adm. November 16. Weight per week: $8\frac{1}{2}$, $8\frac{1}{2}$, $8\frac{3}{4}$, $8\frac{1}{8}$. (Fed on condensed milk.)

Matthew———, b. August 18, adm. September 21. Weight per week: 8, 8, $7\frac{3}{4}$, $7\frac{1}{2}$, $7\frac{1}{2}$, $7\frac{1}{2}$, $7\frac{3}{4}$.

Cecelia———, b. November 23, adm. November 27. Weight per week: $5\frac{1}{2}$, 5, $5\frac{1}{4}$.

Mary———, b. October 24, adm. November 4. Weight per week: $7\frac{1}{4}$, $6\frac{1}{4}$, $6\frac{1}{4}$, 6, $5\frac{3}{4}$, $5\frac{1}{2}$, $5\frac{3}{4}$.

Irene———, b. June 28, adm. September 29. Weight per week: 9, $7\frac{1}{2}$, 9, 8, 8, 7 lbs. 5 oz.

Pauline———, b. April 9, adm. June 2. Weight per week: 8, $7\frac{1}{4}$, $7\frac{3}{4}$, $7\frac{3}{4}$, 8, $7\frac{1}{4}$, $7\frac{1}{2}$, 7, $7\frac{1}{2}$, $8\frac{1}{4}$, 8 lbs. 5 oz.

Stanislaus———, b. November 8, adm. November 12. Weight per week: 9, $9\frac{1}{4}$, 7.

Joseph———, b. September 7, adm. September 9. Weight per week: 6, $6\frac{1}{4}$, $6\frac{1}{2}$, $6\frac{1}{2}$, $6\frac{3}{4}$, $7\frac{3}{4}$.

Irene T. ———, (nursed) b. June 18, adm. June 19. Weight per week: 8, $8\frac{1}{4}$, 8, 8, 8, 11, 11, 11, 11.

Justine———, b. September 14, adm. September —. Weight per week: $7\frac{1}{4}$, 7, $7\frac{1}{4}$, $7\frac{1}{2}$, $7\frac{3}{4}$, $7\frac{1}{2}$, $7\frac{1}{4}$, 7, 7, 7.

Catherine———, b. August 19, adm. September 22. Weight per week: $7\frac{1}{2}$, $7\frac{1}{2}$, $7\frac{1}{2}$, 7, $6\frac{1}{2}$, $6\frac{3}{4}$, $6\frac{1}{4}$, $5\frac{3}{4}$, $5\frac{1}{4}$, $6\frac{3}{4}$.

Gerard——— (nurses twice daily), b. September 20, adm. September 27. Weight per week: 8, 7, 7, 8, 9, 7, $7\frac{3}{4}$.

Jerome———, b. November 21, adm. November 24. Weight per week: 6, $5\frac{3}{4}$, 6.

John———, b. October 30, adm. November 13. Weight per week: $5\frac{1}{2}$, $6\frac{1}{2}$, $5\frac{1}{2}$, $4\frac{1}{2}$, 4 lbs. 9 oz.

Paul———, b. October 9, adm. October 13. Weight per week: $7\frac{1}{2}$, 7, $6\frac{1}{2}$, $6\frac{1}{4}$.

Margaret———, b. July 7, adm. October 13. Weight per week: $5\frac{3}{4}$, $6\frac{1}{2}$, $6\frac{1}{2}$, 7, $6\frac{1}{2}$, $6\frac{1}{2}$, 7.

Gertrude———, b. October 16, adm. November 3. Weight per week: 6, 7, $6\frac{3}{4}$, $5\frac{1}{2}$.

Raphael———, b. October 21, adm. October 26. Weight per week: $6\frac{1}{2}$, $6\frac{1}{4}$, 6.

Martin———, b. October 28, adm. November 12. Weight per week: 8, $7\frac{3}{4}$, 7, 6 lbs. 8 oz.

Marie———, b. October 14, adm. October 14. Weight per week: $7\frac{1}{4}$, $7\frac{1}{2}$, 7, 7, $7\frac{1}{4}$.

James———, b. February 24, adm. July 24. Weight per week: $9\frac{1}{2}$, 9, $8\frac{1}{4}$, $8\frac{3}{4}$, $9\frac{1}{2}$, $9\frac{3}{4}$, 10, $9\frac{1}{2}$, 8, $7\frac{1}{2}$, $7\frac{1}{2}$, 8, $8\frac{1}{2}$.

Simon———, b. October —, adm. October 28. Weight per week: $8\frac{1}{4}$, $8\frac{1}{4}$, 8.

Joseph——— (nursed), b. January 15, adm. February 11. Weight per week: $7\frac{3}{4}$, $7\frac{1}{2}$, $8\frac{1}{2}$, $8\frac{3}{4}$, $9\frac{3}{4}$, 10, $10\frac{1}{2}$, $10\frac{3}{4}$, 11, 11, $11\frac{1}{2}$, $12\frac{1}{2}$, $12\frac{3}{4}$, 13, 13, 13, $12\frac{1}{2}$, 13, 13.

John———, (nursed 2 weeks), b. June 24, adm. ———. Weight per week: $9\frac{3}{4}$, 10, $10\frac{1}{7}$, 10, 10, 10, 10, 10 lbs. 2 oz., 10 lbs. 2 oz., $9\frac{1}{2}$, 9, $9\frac{1}{2}$, $8\frac{1}{2}$, $8\frac{1}{2}$, $9\frac{1}{4}$, $9\frac{1}{2}$, 9, 9.

Josephine———, b. January 24, adm. February 6. Weight per week: 7, $6\frac{3}{4}$, 6, 6, 6, $7\frac{3}{4}$, $7\frac{1}{2}$, 7, $6\frac{1}{2}$, 7, $6\frac{3}{4}$, $7\frac{1}{4}$, $7\frac{1}{2}$, 8, $8\frac{1}{2}$, $8\frac{1}{4}$, 9, $9\frac{1}{4}$, 10, $10\frac{1}{2}$, $9\frac{3}{4}$.

George———, b. September 5, adm. September 28. Weight per week: 11, $11\frac{1}{2}$, $10\frac{1}{2}$, $10\frac{3}{4}$.

Rose———, age—5 mos., adm. October 9. Weight per week: 13, $12\frac{1}{2}$, 12, $9\frac{3}{4}$, $11\frac{3}{4}$, $11\frac{3}{4}$, 11.

Karl———, b. June 29, adm. August 24. Weight per week: 12, $11\frac{3}{4}$, 11, 12, $12\frac{1}{2}$, $11\frac{3}{4}$, 12, 12, 12, $12\frac{1}{2}$, $11\frac{3}{4}$, $9\frac{1}{2}$, $9\frac{1}{2}$, $9\frac{1}{2}$, $10\frac{1}{4}$, 10, 9.

Catherine———, b. November 26, adm. November 26. Weight per week: 6, $5\frac{3}{4}$.

Clementine———, b. November 23, adm. December 16. Weight per week: 5, 5.

Ambrose———, b. December 1, adm. December 1. Weight per week: $6\frac{3}{4}$, $6\frac{3}{4}$.

Records. At the head of the bed which the baby occupies there is a history sheet showing name, age, and date of admission. Many of these sheets contain no further record, but on some an accurate history is recorded. A daily note of the food (kind, amount, and time of giving) and of the character of the stools is made. This was found in the case of babies who were recorded as "private." It is not known just what this signifies, but it is known that when a baby is not surrendered to the institution but is boarded there, a charge of \$5 a week is made.

Mother Babies. This is a term given to babies that are nursed by their mothers, who are working in the institution. The babies live in the ward and their mothers are maids and helpers in various parts of the hospital; they go to the ward at stated intervals and nurse their children. There is a striking contrast

between these breast-fed babies and the artificially-fed ones. The former are large, chubby, rosy, and laughing. The latter are scrawny, weazen-faced, and wrinkled; their skin is scaly and slightly cracked; their hair is thin and somewhat crusted; they are too frail to give a lusty cry and in the attempt make a peculiar feeble whine, characteristic of a starving child.

Here and there in the crowd of these babies is one who for a while lives and thrives; but suddenly develops a high temperature, becomes unconscious, dies. This change seems to be a mystery; no one knows when it is coming or understands the nature of the trouble.

Of course there are some few who really do survive; but they certainly are the exception. A number of breast-fed children who were almost perfect specimens as long as they continued to nurse died several weeks after artificial feeding was commenced. It is universally acknowledged among the maids that if they wish their babies to live they must stay with them and nurse them.

Maids and their Babies. The maids usually nurse their children, but they are not always required to do it and are allowed, if they wish, to surrender them to the institution. There are several of these girls working in the house who gave up their babies at birth; and they never so much as go to the ward to look at them. Many of these girls wish to keep their children; but if some one takes a fancy to one of them and wants it for adoption it is given away without regard to the mother's wishes. Sometimes the parents of the girl will allow her to come home if she will agree to leave the baby in the institution. The superintendent

encourages her to do this if there is much opposition to receiving the baby on the part of the parents—in fact in some instances she is forced to leave the baby. The child almost invariably dies.

Older Babies. The little “creepers” of from one to two years old are taken up in the morning, dressed, and put down on the floor in the play-room; they stay there all day—some of them too weak and small even to sit up without falling over. They are expressionless little creatures who duck their heads if you speak to them and start swaying back and forth in what is known in the institution as the “——— swing.” When the little things get sleepy they drop back on the floor, and sometimes in passing through the room one has to step over eight or ten of these sleeping children. We saw the nurse one afternoon giving them crackers—she threw these to them in much the same manner that cracked corn is thrown to chickens. For supper they have a slice of toast apiece, and the toast wipes up the floor many times before it is finally eaten.

If they live to get down to the second hall their lot is much happier, for down there they soon learn to walk and run and play. Those that get to the first floor are really a very prosperous little group and enjoy all sorts of games and kindergarten exercises; but the tragedy of it all is that almost none of them ever reach the first floor.

Among the sixty children on the second hall, ranging from two to five years, there were only five, according to the statement of the nurse in charge, who had come through the nursery. Among the larger children none could be traced who had come through the nursery.

DISEASES AND DEATHS DUE TO NUTRITIONAL
DISTURBANCES*

In trying to arrive at an approximate idea of the proportion of deaths at Institution No. 1 that are more or less directly due to artificial feeding, we have analyzed a large number of the causes of death written on the death certificates. Under malnutrition we shall include marasmus, congenital debility, inanition, and gastro-entero-colitis. We include the term "congenital debility" because we believe that with very few exceptions the debility is brought about by lack of proper food. Also, we consider gastro-entero-colitis a product of artificial feeding.

In 1909 there were 338 deaths. Marasmus was stated as the cause in 85; congenital debility in 96; inanition in 106; gastro-entero-colitis in 11: a total of 298, or 88.16 per cent of deaths due to nutritional disturbances.

In 1910 there were 129 deaths. Of these, marasmus caused 32; congenital debility, 48; gastro-entero-colitis, 12; inanition, 2; malnutrition, 1: a total of 95, or 73.64 per cent of deaths due to nutritional disturbances.

In 1911 there were 253 deaths. Of these, malnutrition caused 42; marasmus, 22; congenital debility, 25; gastro-entero-colitis, 65; inanition, 14; a total of 168, or 66.40 per cent of deaths due to nutritional disturbances.

In 1912 there were 251 deaths. Of these, malnutrition caused 80; congenital debility, 52; marasmus, 22; inanition, 22; gastro-entero-colitis, 6: a total of 182,

*The numbers include some older children not included in the infant mortality given further on in this section.

or 72.51 per cent of deaths due to nutritional disturbances.

In 1913 there were 181 deaths. Of these malnutrition caused 43; congenital debility, 26; gastro-entero-colitis, 28; marasmus, 3; inanition, 1: a total of 101, or 55.80 per cent due to nutritional disturbances.

In these five years there were 844 babies, or 73.26 per cent, who died from the effects of nutritional disturbances.

The above causes ascribed vary with the physicians who sign the death certificates: some of them prefer the term malnutrition; some, marasmus; some, congenital debility; and this seems to account for the predominance of one disease condition at certain seasons or parts of the year.

Age. Several calculations of the ages of the children were made: first, the average age at entrance; second, the average age at death; third, the average time in the hospital of those that died. The following table shows this in brief:

1912

Average age at death.....	2.01 months
---------------------------	-------------

1913

Average age at entrance.....	23.94 days
Average age at death.....	2.58 months
Average time in hospital.....	2.30 months

1914

Average age at entrance.....	23.05 days
Average age at death.....	2.81 months
Average time in hospital.....	2.05 months

In addition to the above the following tables show the ages at entrance according to certain periods of

time, and the ages at death according to certain periods of time.

1912

Death record according to periods of time

	<i>Number of children</i>
1 day to 1 week.....	5
1 to 2 weeks.....	13
2 to 3 weeks.....	20
3 to 4 weeks.....	20
1 to 2 months.....	92
2 to 3 months.....	39
3 to 4 months.....	9
4 to 5 months.....	9
5 to 6 months.....	4
6 to 7 months.....	1
7 to 8 months.....	4
8 to 9 months.....	4
9 to 10 months.....	1
11 to 12 months.....	2

1913

Age at entrance according to periods of time

	<i>Number of children</i>
At birth.....	65
1 day to 1 week.....	31
1 to 2 weeks.....	20
2 to 3 weeks.....	9
3 to 4 weeks.....	10
1 to 2 months.....	17
2 to 3 months.....	4
3 to 4 months.....	4
4 to 5 months.....	3
5 to 6 months.....	2
6 to 7 months.....	3
7 to 8 months.....	1
9 to 10 months.....	2

1913

Death record according to periods of time

	<i>Number of children</i>
1 day to 1 week.....	2
1 to 2 weeks.....	2
2 to 3 weeks.....	13
3 to 4 weeks.....	9
1 to 2 months.....	44
2 to 3 months.....	38
3 to 4 months.....	23
4 to 5 months.....	11
5 to 6 months.....	7
6 to 7 months.....	5
7 to 8 months.....	2
8 to 9 months.....	4
9 to 10 months.....	1
10 to 11 months.....	3
11 to 12 months.....	2

1914

Age at entrance according to periods of time

	<i>Number of children</i>
At birth.....	46
1 day to 1 week.....	17
1 to 2 weeks.....	16
2 to 3 weeks.....	16
3 to 4 weeks.....	7
1 to 2 months.....	13
3 to 4 months.....	2
5 to 6 months.....	3
6 to 7 months.....	2
7 to 8 months.....	1
11 to 12 months.....	1

1914

Death record according to periods of time

	<i>Number of children</i>
1 day to 1 week.....	1
1 to 2 weeks.....	3
2 to 3 weeks.....	3
3 to 4 weeks.....	4

1 to 2 months.....	44
2 to 3 months.....	31
3 to 4 months.....	15
4 to 5 months.....	9
5 to 6 months.....	5
6 to 7 months.....	3
7 to 8 months.....	2
8 to 9 months.....	3
9 to 10 months.....	2
11 to 12 months.....	1

MORTALITY

The mortality has been very carefully studied. The records were obtained from the institution; the death certificates from the Health Department were all collected and the records of the city foundlings were studied. These tallied to a remarkable degree; and it can be claimed with certitude that the statements herein made are based on actual facts.

In the calculation of mortality the figures given are for the minimum mortality—we know that all of these children died; of many of the others we have no subsequent record after the admission and of course we do not know whether they are living or dead. The children whose mothers were in the hospital and nursed them are not included in the list; this was done in the case of those that died as well as of those that lived.

In 1912 there were 259 admissions, 230 deaths, and 29 children living or not accounted for: a mortality of 88.80 per cent.

In 1913 there were 194 admissions, 163 deaths, and 31 children living or not accounted for: a mortality of 84.02 per cent.

In 1914 there were 176 admissions, 138 deaths, and 38 living or not accounted for: a mortality of 78.41 per cent.

In order to get the full mortality rate the records must extend much beyond the given year, because many of the children admitted in the last month of a year hang on for five or six months, or even longer, before they die; therefore, the mortality for 1914 should not be calculated until the latter part of the year 1915.

Our data include tables showing a detailed monthly statement covering 1912, 1913, and 1914 (December 1911—December 1914), substantiating the above mortality percentage. These tables contain names, dates of birth, dates of admissions, and dates of death; and the subsequent histories of a few of those that have not died. For the years 1913 and 1914 we have also the time in the hospital. The names in ordinary type are of babies that have died; those in italics are living or not accounted for. The term "mother baby" signifies those children whose mothers lived in the hospital and nursed them. The terms "partly mother" and "partly nursed" signify those that were nursed for a while or were nursed once or twice a day and artificially fed at other times.

For the sake of brevity, only two of the 37 tables in hand are herewith given, as specimens merely of the records presented in full in the original report. The first table is one showing the largest number of admissions in a single month and the second table the smallest number of admissions in a single month, in the three years represented.

THE TRAFFIC IN BABIES

The names in ordinary type are of babies who have died; those in *italics* are living or not accounted for.

Babies admitted to Hospital, May, 1912

		BORN	DIED	AGE	TIME IN HOSPITAL
1	Joseph _____	May 4, 1912	May 6, 1912	3 d.	
2	Cecelia _____	May 2, 1912	June 11, 1912	1 mo. 10 d.	
3	Regina _____	April 2, 1912	May 15, 1912	1 mo. 14 d.	
4	Helen _____	April 21, 1912	July 10, 1912	2 mo. 20 d.	
5	Josephine _____	May 7, 1912	July 13, 1912	2 mo. 7 d.	
6	Catherine _____ (Mother baby)	May 6, 1912	May 3, 1913	11 mo. 28 d.	11 mo. 24 d.
7	Stella _____	May 6, 1912	August 6, 1912	3 mo. 1 d.	
8	Angelo _____	May 13, 1912	June 16, 1912	1 mo. 4 d.	
9	Harry _____ (<i>In hospital at last report</i>)				
10	Catherine _____	April 28, 1912	June 15, 1912	1 mo. 19 d.	
11	Evelyn _____	May 11, 1912	July 15, 1912	2 mo. 5 d.	
12	George _____	May 12, 1912	May 19, 1912	8 d.	
13	John _____	May 12, 1912	May 19, 1912	8 d.	
14	Robert _____	May 10, 1912	June 9, 1912	1 mo.	
15	Clarence _____	April 5, 1912	June 4, 1912	2 mo.	
16	Louise _____	January 4, 1912	June 4, 1912	5 mo. 1 d.	
17	Margaret _____ (Mother baby)	May 14, 1912	May 27, 1913	1 yr. 14 d.	1 yr. 14 d.

18	Ladislau	—	.....	(No further record)				
19	Raymond	—	.....	March	3, 1912	July	17, 1912	4 mo. 15 d.
20	Martina	—	..	April	16, 1912	June	14, 1912	1 mo. 30 d.
21	Gertrude	—	.....	(No further record)				
22	Jerome	—	.....	May	17, 1912	May	29, 1912	13 d.
23	Margaret	—	.....	May	27, 1912	July	15, 1912	1 mo. 19 d.
24	Paul	—	.....	May	27, 1912	July	4, 1912	1 mo. 8 d.
25	John	—	.....	May	26, 1912	June	16, 1912	22 d.
26	Peter	—	.....	May	25, 1912	June	20, 1912	27 d.
27	Dorothy	—	.....	April	13, 1912	June	25, 1912	2 mo. 13 d.
28	Mary	—	.....	May	1, 1912	July	1, 1912	2 mo. 1 d.
29	Henrietta	—	.....	May	20, 1912	July	16, 1912	1 mo. 27 d.
30	Ada	—	.....	May	27, 1912	June	10, 1912	15 d.
31	Gertrude	—	.....	May	14, 1912	August	12, 1912	2 mo. 30 d.
32	Evelyn	—	.....	May	29, 1912	July	3, 1912	1 mo. 5 d.
33	Angelo	—	.....	May	31, 1912	July	13, 1912	1 mo. 14 d.
34	John	—	.....	May	6, 1912	May	20, 1912	15 d.

Babies admitted to Hospital, October, 1913

	BORN	DIED	AGE	TIME IN HOSPITAL
1	Virgil ———	July	8 mo. 17 d.	8 mo. 17 d.
2	Billy ———	December 14, 1913	7 mo. 12 d.	1 mo. 25 d.
3	Thomas ———	November 7, 1913	5 mo. 2 d.	17 d.
4	Florence ———	December 7, 1913	1 mo. 18 d.	1 mo. 18 d.
5	Marie ———	September 23, 1914	11 mo. 16 d.	11 mo.
6	Margaret ———	November 14, 1914	1 yr. 1 mo.	1 yr. 1 mo.
7	Mary ———	Not on hospital admission list or (death record but on death certificate)	6 d.	6 d.

BALTIMORE CITY REPORT

The official list of babies placed in Institution No. 1 by the city was obtained. This list represents those that were foundlings; those that were abandoned; and a certain class of illegitimates that were thrown upon the city. Such infants are boarded by the city and a record concerning them is sent to the official city bureau. In calculating this mortality all infants that remained in the hospital less than one month have not been included.

According to years the result is as follows:

In 1900 there were 4 infants placed in this hospital; of whom 3 died, or 75 per cent mortality.

In 1901 there were 11; of whom 10 died, or 90.91 per cent mortality.

In 1902 there were 12; of whom 10 died, or 83.33 per cent mortality.

In 1903 there were 12; of whom 11 died, or 91.66 per cent mortality.

In 1904 there were 5; of whom all died, or 100 per cent mortality.

In 1905 there were 16; of whom 14 died, or 87.50 per cent mortality.

In 1906 there were 10; of whom all died, or 100 per cent mortality.

In 1907 there were 13; of whom all died, or 100 per cent mortality.

In 1908 there were 12; of whom all died, or 100 per cent mortality.

In 1909 there were 16; of whom 14 died, or 87.50 per cent mortality.

In 1910 there were 7; of whom 5 died, or 71.43 per cent mortality.

In 1911 there were 6; of whom all died, or 100 per cent mortality.

In 1912 there were 7; of whom 6 died, or 85.71 per cent mortality.

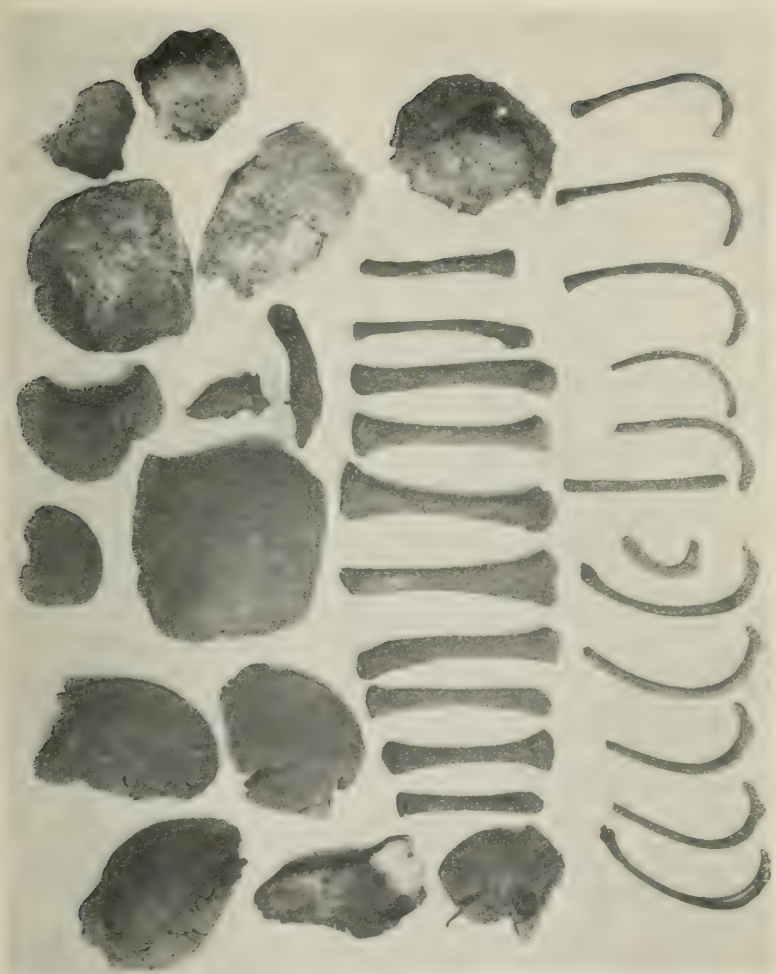
In 1913 there were 7; of whom 6 died, or 85.71 per cent mortality.

In 1914 there were 7; of whom 6 died, or 85.71 per cent mortality. In this year, the baby that lived was breast-fed.

As this investigation is concerned especially with the mortality rate among new-born babies that are placed in institutions and remain there, a calculation was made of the number of babies one month old, or under, that had been admitted and that were not removed from the institution, except by death, under a period of six months. The object of this calculation was to ascertain the effect of institutional life and the lack of care in artificial feeding in the case of infants separated from their mothers. The calculation embraced the years from 1900 to 1914; the number of babies admitted each year is as follows:

1900.....	1
1901.....	8
1902.....	5
1903.....	5
1904.....	2
1905.....	8
1906.....	7
1907.....	7
1908.....	8
1909.....	7
1910.....	4
1911.....	3
1912.....	1
1913.....	3
1914.....	4

PLATE 2



SPECIMENS OF INFANTS' BONES EXCAVATED IN ORDER TO MAKE A GRAVE
FOR NEWLY-DEAD INFANTS

(See page 33)

Among all these children there was not a single survivor: a mortality of 100 per cent.

A similar calculation was made in the case of infants that had been placed in the hospital at the ages of from one to two months; that is, those that were over one month but not over two months of age.

From 1900 to 1914 there were 15 of this class: of whom 1 survived: a mortality of 93.33 per cent.

NOTES ON DEATH AND BURIAL OF INFANTS

When a baby dies in Institution No.1 it is placed in a room in another part of the building; very often it remains there for two or three days waiting for the arrival of some of its comrades. One or two are pretty sure to follow within a short time. Two of the dead babies are placed in a small wooden box, 3 feet long, 1 foot wide, and 1 foot deep. The heads occupy the respective ends—that is, they lie foot-to-head fashion. The bodies are conveyed in a buggy to the cemetery, always by the same undertaker. He places the box containing the infants at the side of a hole in which they are to be buried; he then notifies an attendant of the cemetery, and leaves. Soon the attendant comes and buries the bodies.

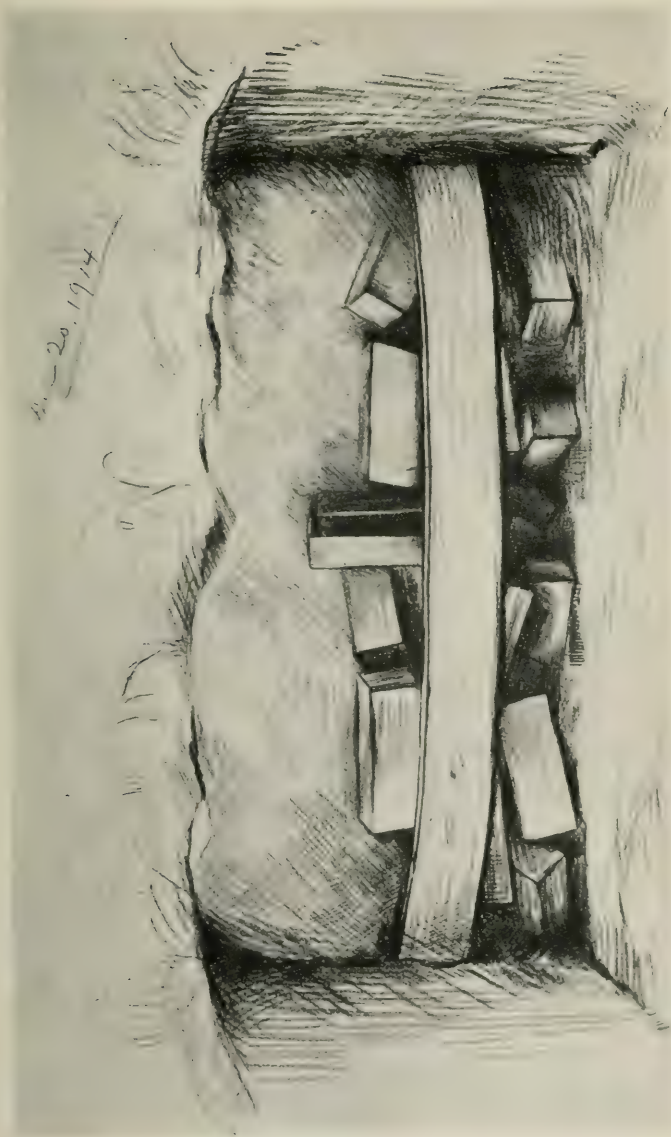
The method of burial is as follows: A large hole, 4 feet wide, 7 feet long, and 8 feet deep, is dug. As they arrive, the bodies are buried in this hole until it is nearly full. The space accommodates from 75 to 100. The actual burial is simple. The box (when the hole is newly dug) is placed at the bottom, and four or five shovelfuls of earth, just sufficient to cover it, are thrown in. The opening of the hole is then covered with rough planks nailed together in the form of a door.

As other bodies are brought, they are placed alongside the former ones and covered in the same manner. An investigator who was stationed fairly near stated that the whole procedure took about ten minutes. When a hole is filled with coffins up to within a foot and a half of the surface, earth is thrown in; and a new hole is dug for future burials.

The burial place comprises a plot of ground, irregular in shape, that measures 57 by 60 by 51 by 39 feet. We estimate that in this place there have been buried nearly 5,000 children. This has necessitated digging up the bodies of those that have been buried for several years in order to make room for the newly-dead.

The investigator went to the cemetery one afternoon just as the digging of one of these holes or graves was being completed. There was a large pile of bones, more than an ordinary barrellful, lying alongside the hole; and near this a lot of boxes, in various stages of decay, that had served as coffins. These boxes had been taken up and their contents thrown out—the remains of the bodies of infants (at this stage nothing more than bones) and pieces of decayed clothing.

At another time there were procured fifty of these bones—a photograph (No. 2) of which is appended. Later a careful watch was kept to see what disposition was made of the bones, but the exact connection was lost—that is, the investigator did not see them actually taken from the place and deposited elsewhere. But he did find after a short time, in a remote part of the cemetery, a freshly-burned ash heap, from which he recovered a number of bones exactly similar to the ones at the grave. The burning of the bones was made possible from the fact that they were soft and partly



SECTION OF A NEWLY-DUG GRAVE, SHOWING SIDE WALL OF AN OLD ADJACENT GRAVE AND COFFINS
CONTAINING BODIES OF INFANTS

decayed and were mixed with rubbish and pieces of wood.

The investigator inspected the hole two days after it was dug and found that one side of it was made up of about twenty small coffins, kept from falling in by a plank; thus proving that the grave had been dug directly down on the side of and practically into a former grave. A drawing of this is appended (No. 3).

This method of burial is open to criticism from at least two points of view: first, the requirement of law that a dead body shall be covered a certain depth—which here is not done; second, the natural supposition that the body of a child is not to be dug up after two or three years and thrown away.

INSTITUTION NO. 2

The superintendent of this hospital was interviewed; she said that she has been in charge for some time and that her hands have been more than full with the cares of the institution. She usually has charge of about 100 children. She agreed to take the supposed baby permanently for \$100.

The investigator asked her about a place where a girl could be confined. She gave the names of two physicians who she said could make arrangements at private places. She knew of these, she said, because they had both brought babies to her. Dr. P8 and Dr. P9 were the physicians whom she recommended; she said that of the two she preferred Dr. P9.

The investigator called to see Dr. P9, and the interview is recorded in another section. It may be stated here that the doctor agreed to take charge of the baby and to place it in Institution No. 2. The fee for placing the child would be \$150, which Dr. P9 said was the amount that the institution would charge her (although the superintendent had just told the investigator that it would be \$100). Dr. P9 further agreed to do an abortion for \$300.

Dr. P8 was most anxious to take the case and to place the baby; and it was found that he has a private establishment in conjunction with a midwife. He did not make a good impression on the investigator, and she believes that under favorable conditions he would do an abortion.

Dr. P10 claimed that in order to place a baby in this institution it is necessary to pay \$50 for a reservation. He said he visits the children that he places there; that they all do beautifully because the superintendent gives them special care.

Dr. P11 spoke of how well the children flourish and of the very personal and motherly care given them by the superintendent.

Of the physicians interviewed, 9 named Institution No. 2. The prices that they stated ranged from \$50 to \$150.

Seven clergymen recommended Institution No. 2; some of them spoke of it in very flattering terms and advised strongly that the child be placed there rather than in Institution No. 1.

In an interview with 69 nurses, 13 named Institution No. 2. Very few of these stated the price.

Of the midwives interviewed, 19 said they would take the child to Institution No. 2. The following prices were named: 5 midwives said \$35; 5 said \$50; 2 said \$75; 2 said \$60; 2 said \$100; 1 said \$55; 1 said \$40.

A number of social and religious workers favored Institution No. 2—some of them very strongly.

Mrs. X3 recommended Institution No. 2 very highly and said she knew the superintendent very well and that her babies were given special care; she could make arrangements for \$50.

A number of Jewish people, who knew about the placement of children, recommended Institution No. 2 in preference to Institution No. 1, and said that they usually place children in it when such occasions arise.

Two of the maternity hospitals place in Institution No. 2 all their babies that they wish to "put away."

The head nurse at one of the hospitals said she could place the baby under very fine conditions, because the superintendent of Institution No. 2 was her special friend and would do anything for her. This would cost \$135. (The usual price is \$100.)

FACTS RELATING TO THE CARE OF INFANTS IN THE NURSERY OF INSTITUTION NO. 2

This hospital takes babies permanently and it also, under certain conditions, takes them to board. The small babies are placed in the nursery, and if they ever become large enough they are put into the orphanage. The nursery is a large, bright, airy room with about thirty cribs. The number of infants varies from 10 to 30; occasionally for a short while there are more. There is one graduate nurse who has charge of these children, both day and night; that is, she is on duty all day, sleeps in the ward at night, and is subject to call at any time. As assistants she has a number of maids; these girls have children in the hospital and are working their way through. The one nurse is the only trained person in the nursery. There was a resident physician, who had charge of the sick babies and had general oversight of the food for the infants. Lately the resident was supplanted by a resident fourth-year student.

Nearly everything is left to the judgment of the nurse in charge. The resident rarely comes to the ward unless she sends for him. She has entire charge of the preparation of the food, and the character of the food for each individual child is left to her judgment. When she happens to be off duty the babies are fed and cared

for by the maids—ignorant and careless girls who are not always gentle, and at times are actually cruel.

Food. The milk is not prepared according to any scientific formulas. After so-called "preparation," it is put into large bottles and placed in certain locations in the ice-chest, but is not marked,—the milk for "Mary," for instance, is on the left side of the chest towards the back; that for "William" is in a small bottle at the right in the front part of the chest; and so on. If the maid whose turn it is to give out the milk happens to have a good memory the baby gets what is intended for it. However, this does not greatly matter, for the formulas are usually far from correct.

Care of the Babies. There is no systematic weighing of the babies; in fact for one whole month none of them were weighed. The stools are rarely examined.

There is a lack of even temperature in the ward and the clothing is not of uniform weight. Some nights the babies are put to bed in flannelette gowns and the next night in thin muslin; the shirts vary from winter flannel to the thinnest summer gauze and are put on babies at random. The one real comfort that the babies have is a carriage or go-cart for each one; this makes it possible for them to be taken out on the porch in sunshiny weather.

In the bath-room there are two small tin tubs in which all the babies are bathed; the same wash cloth is used and frequently one towel does duty for many babies.

Owing to a complete lack of proper isolation there was at one time an epidemic of scabies. Sore eyes usually go unnoticed, and most of the babies have some kind of infection of the eyes.

A maid who had charge of a number of babies was covered with sores, and for a short time she was not

allowed to bathe any of the children; however, she continued to help prepare the milk, feed the babies, wash the nipples and bottles, and do everything else for them.

A baby about three months old had syphilis, of which he finally died. A crude attempt was made to isolate him—such as giving him a bed-bath, and a separate basin, wash-cloth, and towel; but his soiled clothes were piled in the bath-room with the other soiled linen—and the laundry maids stated that nothing is ever boiled. The rubber nipples used by this baby were at times kept in a separate cup; but more often they were put into the big jar with the ward supply, which is rarely, if ever, boiled.

Two bottle-fed children who had been raised in the ward and reached the age of two years were both unable to walk—one of them could stand up in her crib if she held on to the sides of it; the other one made no attempt to stand and has never learned to say a single word.

Mother Babies. A number of the babies on the ward are breast-fed, their mothers being employed in the institution and coming up at stated intervals to nurse them. These are very much stronger and better than the bottle babies, but they frequently have some queer infection.

DISEASES AND DEATHS DUE TO NUTRITIONAL DISTURBANCES. (DATA OBTAINED FROM DEATH CERTIFICATES.*)

In 1909 there were 34 deaths. Of these, marasmus caused 21; gastro-entero-colitis, 4; congenital debility,

*The numbers include some older children not included in the infant mortality given further on in this section.

2; inanition, 1; malnutrition, 1: a total of 29, or 85.29 per cent of deaths due to nutritional disturbances.

In 1910 there were 32 deaths. Of these, marasmus caused 6; gastro-entero-colitis, 9; malnutrition, 8; inanition, 3; congenital debility, 1: a total of 27, or 84.37 per cent of deaths due to nutritional disturbances.

In 1911 there were 30 deaths. Of these, marasmus caused 7; malnutrition, 9; inanition, 5; enteritis, 1: a total of 22, or 73.33 per cent of deaths due to nutritional disturbances.

In 1912 there were 25 deaths. Of these, marasmus caused 8; inanition, 9; entero-colitis, 1: a total of 18, or 72 per cent of deaths due to nutritional disturbances.

In 1913 there were 49 deaths. Of these, marasmus caused 21; inanition, 13; entero-colitis, 2; malnutrition, 1: a total of 37, or 75.51 per cent of deaths due to nutritional disturbances.

Age. The following tables show the average age at entrance, the average age at death, and the average time in the hospital of babies that died, for the year—May 1, 1902, to April 30, 1903; the year—May 1, 1907, to April 30, 1908; the years 1911, 1912, 1913; and 8 months of 1914. In addition to this there are shown the ages at entrance according to certain periods of time and the ages at death according to certain periods of time:

May 1, 1902, to April 30, 1903

Average age at entrance.....	22.89 days
Average age at death.....	2.58 months
Average time in hospital.....	1.80 months

May 1, 1907, to April 30, 1908

Average age at entrance.....	16.10 days
Average age at death.....	3.07 months
Average time in hospital.....	2.33 months

1911

Average age at entrance.....	27.81 days
Average age at death.....	2.52 months
Average time in hospital.....	1.51 months

1912

Average age at entrance.....	20.15 days
Average age at death.....	3.10 months
Average time in hospital.....	2.22 months

1913

Average age at entrance.....	18.09 days
Average age at death.....	3.47 months
Average time in hospital.....	2.83 months

8 months, January 1 to August 30, 1914

Average age at entrance.....	23.22 days
Average age at death.....	2.07 months
Average time in hospital.....	1.45 months

May 1, 1902, to April 30, 1903

Age at entrance according to periods of time

	<i>Number of Children</i>
At birth.....	8
1 day to 1 week.....	9
1 to 2 weeks.....	6
2 to 3 weeks.....	10
3 to 4 weeks.....	3
1 to 2 months.....	8
2 to 3 months.....	2
3 to 4 months.....	2
4 to 5 months.....	1

THE TRAFFIC IN BABIES

May 1, 1902, to April 30, 1903
Death record according to periods of time

	<i>Number of Children</i>
1 week to 2 weeks.....	4
2 to 3 weeks.....	7
3 to 4 weeks.....	2
1 to 2 months.....	9
2 to 3 months.....	8
3 to 4 months.....	7
4 to 5 months.....	7
5 to 6 months.....	1
6 to 7 months.....	2
7 to 8 months.....	1
8 to 9 months.....	1

May 1, 1907, to April 30, 1908
Age at entrance according to periods of time

	<i>Number of Children</i>
At birth.....	3
1 day to 1 week.....	11
1 to 2 weeks.....	5
2 to 3 weeks.....	2
3 to 4 weeks.....	3
1 to 2 months.....	5
3 to 4 months.....	1

May 1, 1907, to April 30, 1908
Death record according to periods of time

	<i>Number of Children</i>
1 to 2 weeks.....	1
2 to 3 weeks.....	4
3 to 4 weeks.....	3
1 to 2 months.....	3
2 to 3 months.....	7
3 to 4 months.....	4
4 to 5 months.....	1
5 to 6 months.....	3
6 to 7 months.....	1
8 to 9 months.....	1
11 to 12 months.....	1

1911

Age at entrance according to periods of time

	<i>Number of Children</i>
At birth.....	1
1 day to 1 week.....	3
1 to 2 weeks.....	2
2 to 3 weeks.....	2
3 to 4 weeks.....	2
1 to 2 months.....	4
2 to 3 months.....	2

1911

Death record according to periods of time

	<i>Number of Children</i>
1 to 2 weeks.....	2
1 to 2 months.....	5
2 to 3 months.....	3
3 to 4 months.....	4
4 to 5 months.....	1
6 to 7 months.....	1

1912

Age at entrance according to periods of time

	<i>Number of Children</i>
At birth.....	2
1 day to 1 week.....	9
1 to 2 weeks.....	2
2 to 3 weeks.....	5
3 to 4 weeks.....	1
1 to 2 months.....	6
3 to 4 months.....	1

1912

Death record according to periods of time

	<i>Number of Children</i>
1 day to 1 week.....	1
1 to 2 weeks.....	1
2 to 3 weeks.....	2

THE TRAFFIC IN BABIES

	<i>Number of Children</i>
3 to 4 weeks.....	2
1 to 2 months.....	6
2 to 3 months.....	1
3 to 4 months.....	4
4 to 5 months.....	2
5 to 6 months.....	2
7 to 8 months.....	2
9 to 10 months.....	1

1913

Age at entrance according to periods of time

	<i>Number of Children</i>
At birth.....	5
1 day to 1 week.....	10
1 to 2 weeks.....	8
2 to 3 weeks.....	9
3 to 4 weeks.....	2
1 to 2 months.....	8
2 to 3 months.....	1
3 to 4 months.....	1

1913

Death record according to periods of time

	<i>Number of Children</i>
1 day to 1 week.....	1
2 to 3 weeks.....	2
3 to 4 weeks.....	2
1 to 2 months.....	10
2 to 3 months.....	10
3 to 4 months.....	3
4 to 5 months.....	5
5 to 6 months.....	4
6 to 7 months.....	2
7 to 8 months.....	2
8 to 9 months.....	1
10 to 11 months.....	1



8 months, January 1 to August 30, 1914
Age at entrance according to periods of time

	<i>Number of Children</i>
At birth.....	6
1 day to 1 week.....	6
1 to 2 weeks.....	5
2 to 3 weeks.....	3
1 to 2 months.....	4
4 to 5 months.....	2
5 to 6 months.....	1

8 months, January 1 to August 30, 1914
Death record according to periods of time

	<i>Number of Children</i>
1 to 2 weeks.....	2
2 to 3 weeks.....	2
3 to 4 weeks.....	5
1 to 2 months.....	4
2 to 3 months.....	9
3 to 4 months.....	3
5 to 6 months.....	1
6 to 7 months.....	1

MORTALITY*

In calculating the mortality we have struck from the list those infants whose mothers were with them in the hospital, and in addition those that remained in the hospital less than one month. It should be emphasized that nearly all of the infants that lived were removed from the hospital.

If the calculation included all, the mortality rate would be very materially increased.

In the year beginning May 1, 1902, and ending April 30, 1903, there were 46 deaths, and 9 children supposed to be living: a mortality of 83.63 per cent.

*Calculation was made of the mortality of only those babies that were six months old or under when admitted to the hospital.

In the year beginning May 1, 1907, and ending April 30, 1908, there were 27 deaths and 6 children living: a mortality of 81.82 per cent.

In 1911 there were 17 deaths and 5 children living: a mortality of 77.27 per cent.

In 1912 there were 25 deaths and 6 children living: a mortality of 80.64 per cent.

In 1913 there were 43 deaths and 2 children living: a mortality of 95.55 per cent.

In 1914 for the first 8 months there were 24 deaths and 9 children living: a mortality of 72.72 per cent.

Our data include tables showing first names, dates of birth, dates of admission to the hospital, and dates of death, removal, etc., of the babies admitted in the years 1902-3, 1907-8, 1911, 1912, 1913, and 8 months of 1914. These tables were copied from the hospital records.

For the sake of brevity, the tables of admission of only the first three months (January, February, March) of each of the last two years represented (1913, 1914), are herewith given, as specimens merely of the records presented in full in the original report.

[The following tables comprise only those babies that were six months old or under when admitted to the hospital.]

Babies admitted in January, February, and March, 1913

	BORN	ADMITTED	DIED	
1 Helen ————	December 20, 1912	January 2	August 10	Removed January 21
2 Evelyn ————	December 30, 1912	January 2	January 19	
3 Anna ———— (Mother baby)	September 8	January 3		
4 Kenneth ————	December 30, 1912	January 14	January 29	
5 Frank ————	December 15, 1912	January 20	March 17	
6 Marie ————	January 20	January 22	August 26	
7 Milton ————	December 12, 1912	January 23	August 28	
8 Edward ————	January 26	February 12	March 30	
9 Mildred ————	February 12	February 15	July 21	
10 Cecelia ————	February 9	February 20	March 3	
11 Francis ————	February 20	March 10	March 31, 1914	
12 John ————	February 17	March 17	April 16	
13 Gladys ————	March 6	March 18	April 16	

THE TRAFFIC IN BABIES

Babies admitted in January, February, and March, 1914

	BORN	ADMITTED	DIED	
1	Pearl ——— 4	January 17	March 27	
2	Frances ——— 2	January 2	March 26	
3	Levy ——— 24	January 24	February 1	
4	Joseph ——— 1913	February 1	March 31	
5	Jean ——— 29 (Mother baby)	February 12	February 21	
6	Pauline ——— 31	February 12	February 25	
7	May ——— 10	February 13		Removed February 20
8	Hamilton ——— 12	February 17	April 17	
9	Pinkey ——— 25	February 20		In hospital, November 1914
10	Morris ——— 6, 1913	February 20	March 29	
11	Little ——— 24	February 24	April 26	
12	Jane ——— 27	February 28		Removed March 4
13	Harry ——— 3	March 3	April 12	
14	Violet ——— 13	March 15		Adopted March 20
15	Violet ——— 15	March 15	April 10	
16	Herman ——— 17	March 17	April 11	
17	Ida ——— 15	March 24	April 12	

BALTIMORE CITY REPORT

The city since 1911 has been making a serious effort to find boarding homes or homes with private families for the infants taken under its care. It has been the custom to place a certain number in Institution No. 2 while such a home is being sought for. The intention in every case is not to place the child permanently in the institution. Prior to 1911 most of the children remained there permanently.

In the calculation of this mortality those that had remained in the institution under thirty days were excluded.

The mortality from 1900 to 1914 was as follows:

In 1900, 5 children were placed in the hospital; of whom 3 died, or 60 per cent mortality.

In 1901, there were 8 children, of whom 6 died, or 75 per cent mortality.

In 1902 there were 18; of whom 13 died, or 72.22 per cent mortality.

In 1903 there were 9; of whom 8 died, or 88.89 per cent mortality.

In 1904 there were 7; of whom 4 died, or 57.14 per cent mortality.

In 1905 there were 9; of whom 7 died, or 77.77 per cent mortality.

In 1906 there were 3; of whom 3 died, or 100 per cent mortality.

In 1907 there were 8; of whom 5 died, or 62.50 per cent mortality.

In 1908 there were 14; of whom 11 died, or 78.57 per cent mortality.

In 1909 there were 10; of whom 7 died, or 70 per cent mortality.

In 1910 there were 13; of whom 11 died, or 84.61 per cent mortality.

In 1911 there were 4; of whom 3 died, or 75 per cent mortality.

In 1912 there were 5; of whom 1 died, or 20 per cent mortality.

In 1913 there were 10; of whom 7 died, or 70 per cent mortality.

In 1914 there were 6; of whom 3 died, or 50 per cent mortality.

Taking an average for the total number of years the percentage is 71.32. This it must be remembered includes a number of children who were a year or over in age and also those who were removed from the hospital to be placed in homes.

In addition to the above averages we have made a calculation concerning the babies that were one month old or under when admitted to the hospital and were not removed from the institution for a period of six months except by death. This shows the result of institutional life on babies separated from their mothers soon after their birth, and represents the heart of our investigation. This calculation, based on the period extending from 1900 to 1914, shows a mortality of 97.50 per cent.

If we take those that had been placed in the hospital when from one to two months old and had remained there, we get a mortality of 90 per cent.

Taking those that were from two to three months old when placed in the institution and had remained, we get a mortality of 85.71 per cent.

MODE OF BURIAL

The bodies of babies who die in this institution are disposed of either by burial in Loudon Park Cemetery or by turning them over to the Anatomical Board for dissection; over half of them are disposed of in the latter manner. The death certificates are made out very carelessly. It was thought at one time that not all the deaths were reported; but subsequent investigation proved that they were.

INTERVIEWS WITH PHYSICIANS

Fifty-five physicians, including a number of prominent ones, were interviewed concerning the care of an unmarried pregnant girl and the disposing of the baby. Some of this group were sounded also as to whether they would do an abortion or not. The same proposition was not put to all of them.

Forty-nine of them were asked concerning the placing of a child: 33 said that the child could be placed, and that they would take care of the placing of it themselves; 9 said that the child could be placed, but that some one else, such as a head nurse or a director of a certain hospital, would do it; 2 said they did not take such cases, but referred the investigator to physicians who would; 5 refused, but 2 of these 5 told the investigator that some one at the hospital in which they worked would place the child and said that they themselves would attend to the confinement. Both of these men were very positive in this kind of refusal to place a child, and added that they considered such an action little short of murder. Another one of those who refused did not make a good impression on the investigator, who felt that under certain circumstances the man would consent. There were two clear-cut, sincere refusals.

The places recommended included the following: 19 named Institution No.1; 7 named Institution No. 2; 2 named Institution No.1 and Institution No.2; 7 said simply "institutions;" 1 said he could find a

suitable family for an adoption; 2 suggested certain women who would take charge of the child or place it somewhere; 3 said simply that the child could be placed, but would not state where.

Sixteen hospitals to which the girl could be taken were suggested as follows: 1 hospital by 3 physicians; 1 sanitarium by 5; 1 hospital by 4; 1 hospital by 3; 2 hospitals by 1; 3 hospitals by 1; 2 hospitals by 1; 1 hospital by 1; 3 hospitals by 1; Institution No. 1 by 1.

The fees to be charged by the physicians were as follows: 2 said \$15; 6 said \$25; 1 said \$30; 7 said \$50; 2 said from \$50 to \$100; 8 said \$100; 1 said \$200; 1 said \$250; 1 said \$300; 3 said \$500.

Not all the physicians were asked about an abortion. Of those asked only a few agreed to do it; one would charge \$50 for this; one, \$25; one would give medicine to bring it on, but would not do any operation; one would give medicine, but would not agree to do an operation, and said he must see the girl and examine her; one would charge \$300, and said he would do part of it himself and later get the help of some one else. Another physician who we are practically certain does abortions said he would not do this for \$10,000, but insisted on having the girl brought to see him. He said he would take her to a hospital and examine her; if he found that she was not pregnant he would do whatever was needed for her relief. This man has made similar arrangements with other patients,—it is just a cloak to cover his practice of abortion.

A number of medical men have special boarding places where they put girls awaiting confinement; two named places on Madison Avenue; one a place in Mt.

Washington; one a place in Catonsville kept by a trained nurse; the others simply mentioned placing the child in a private family, without giving name or address. The prices for this ranged from \$10 to \$18 a week; about \$15 being the average.

Because of the importance of this subject we give here a synopsis of a number of interviews:

Dr. P12 was formerly Professor of ——— in the ——— Medical School. The investigator represented himself as being a married man who was responsible for the two-months' pregnancy of a girl of eighteen years. The doctor promised to find a boarding place for the girl as soon as it was necessary, where she could stay until ready for the hospital; he agreed to attend to her mail and make all necessary arrangements; he would attend to her confinement himself; separate the baby from its mother at birth; place it in Institution No.2 for \$105 or Institution No.1 for \$125. The expense at the hospital, ———, Maternity Department, would be \$12 a week before delivery; \$55 for the confinement; \$25 a week for a special nurse during convalescence. He suggested that a sum be given him to cover the expenses and said that he would attend to paying all the bills. He was asked to do an abortion; he hesitated for some time, but said that such a thing is done to a great extent and that there is no danger at all if it is done in a proper manner. In the end he flatly declined.

Dr. P13, Professor of ——— in the ——— Medical School, was interviewed under a suitable pretext. He said that the story was a very common one, which he had heard a hundred times. He agreed to find a boarding place for the girl; to take entire charge of the case

and attend personally to the separating of the child from its mother and the placing of it in some institution. The cost of the whole affair he said would be about as follows: his own fee would be \$500; placing the child in Institution No.1, \$150; charges at hospital, \$350; extra nurse, \$100. He said he knew of several private families with whom he could procure board for the girl at \$10 or \$12 a week, while she was awaiting confinement. He promised to see the whole thing through.

Dr. P14, Professor of ——— at the ——— Medical School, said he could arrange with Mrs.X4, to board the girl until she was ready to enter the hospital. He advised that the girl take some fictitious name and have all her mail addressed to him. He would give her his personal attention, would deliver her himself, separate the baby from the mother at birth and place it in an institution. He said that his fee would be \$500, the placing of the child \$150, and that the hospital charges would be the usual rate. He said he had assisted dozens and dozens of girls in the same condition and seemed very anxious to get this case. He even went so far as to say that he would come back to town if he were away on his vacation at about the time the confinement was expected. The investigator's impression of this man was that he would do almost anything if the fee were large enough.

Dr. P15, Professor of ——— at the ——— Medical School, said that he should be very glad to handle the case; that at the proper time he would arrange at the ——— Hospital for a room and an extra nurse; his fee would be \$100. He said that he would not place the baby himself, as it would be unbecoming a doctor,

but that arrangements could easily be made to have this done by attendants at the hospital.

Dr. P5, Professor of ——— at the ——— Medical School, was interviewed. After the investigator had finished his story the doctor admonished him that he was morally responsible for the life of the child and that it is a crime to separate a child from its mother no matter under what conditions it is born. He said that no self-respecting physician would have a hand in it or stoop so low as to assist in work of that kind. He continued: "It is done every day in the year and I must admit that it is done at the hospital with which I am connected; but I can truthfully say that I am innocent of ever having done anything of that kind."

Dr. P16, Associate Professor of ——— at the ——— Medical School, readily agreed to take the case and to separate mother and child. He said that the total cost would be about \$800, as follows: hospital charge, \$400; special nurse, \$50; his own fee, \$200; Institution No.1, \$150 (it is evident that somebody was to get part of it, for the top rate at Institution No.1 is \$125).

Dr. P17, Professor of ——— at the ——— Medical School, stated that he would not be party to separating mother and child, for he considered it a crime. He said that it was done at his hospital by the Auxiliary Board of Lady Managers. His fee for confinement would be \$50.

Dr. P18, formerly Professor of ——— at the ——— Medical School, was approached first to do an abortion. He said he would not do this; but he asked that the girl be brought to him, for, he said, most probably she was not pregnant. If he found after an examination

that she was pregnant he would do nothing; but if he found it was not the case he could readily relieve her symptoms by a slight operation. He urged that the girl be placed in his care and said he would make arrangements for her at a sanitarium, where she could remain for any length of time before confinement for \$50 a month. He would take charge of the delivery, and place the child in an institution. He said he had done this a number of times and mentioned several girls from a distance who were at the sanitarium at this time. He said he had things arranged so that he could guarantee privacy and that no one would ever know anything about the matter.

Dr. P19 professed to be very sorry for the investigator, but refused to consider abortion (we have knowledge, however, that he does this kind of work continually). He suggested that the girl call and let him examine her; it might be that she was not pregnant and he could remedy the trouble if it were merely the result of cold. In case he found her pregnant he would take her to a sanitarium where she could be hidden and entirely protected from the curious. He would look after her confinement and separate the child from her immediately after birth. She could remain two weeks and then go to her home, nobody ever being the wiser. He gave a slip of paper to the investigator on which was written the entire cost—placing the child was put at \$100.

Dr. P20 is connected with a number of charitable and religious organizations. He said he should be very glad to take charge of the case and had had others like it. He promised to put the girl in a boarding place where there would be a nurse who could look out

for her. (This nurse we found later to be Miss N18, a woman who agreed practically to murder a child immediately after it was born. The interview is recorded in another section.) He said he would separate the baby from its mother and place it. The cost would be as follows: \$25 a week at the —— Hospital; \$15 a week for board in a boarding house; \$50 to place the baby in an institution; and \$250 for himself.

Dr. P21, Instructor in —— at the —— Medical School, promised to make arrangements for the girl in a private home in ——, a very secluded place kept by a mother and two daughters, one of them a graduate nurse. He suggested taking the girl at the proper time to the —— Hospital; and he agreed to separate the child from its mother immediately after birth, and place it in Institution No.2.

Dr. P22, Associate Professor of —— at the —— Medical School, said he did not take obstetric cases and referred the investigator to Dr. P14, of the —— Hospital, who he felt sure would do this. When asked about the expense he said that the doctor's fee would probably be about \$50 and the disposing of the infant \$150. He cautioned the investigator to see to it that Dr. P14 did not charge him too much. In the interview with Dr. P14, which was had before the interview with Dr. P22, Dr. P14 said that his fee would be \$500.

Dr. P23 said he would have nothing to do with an abortion—not only because he did not believe in it, but because it involved too much publicity, as there were so many vice crusaders about. At a later interview with another investigator he agreed to do an

abortion for \$250. He agreed to take the case, and place the girl in ——— Sanitarium, where she would have every attention. His fee would be \$100 and he would make arrangements to dispose of the child in one of two ways—either it could be placed in an institution, or a home could be found for it in a private family. He said he would take charge of this himself.

Dr. P24, Associate Professor at the ——— Medical School, agreed to take charge of the girl, place her in the ——— Hospital, attend to her confinement, and place the infant in Institution No.1. He said that disposing of the baby was the bad feature of a doctor's work, but that it had to be done. He said that children do not live long at Institution No.1; but in spite of this he agreed to separate mother and child permanently. He said that in case it could not be permanently placed immediately after birth, the baby could be separated from its mother and taken care of in the nursery at the hospital for a few days. His charges would be \$100; the placing of the child about \$150. Dr. P24 was interviewed by both a male and a female investigator.

Dr. P25, Associate Professor of ——— at the ——— Medical School, agreed to take charge of the case, separate the baby from its mother immediately and place it in Institution No.1. He said he could procure a boarding home for the girl until she was ready for the hospital. His fee would be \$50; placing the child in Institution No.1, \$125.

Dr. P26, formerly Resident ——— at the ——— Medical School, said he would not have anything to do with separating mother and child; that he considered it a veritable crime; that he should be glad to take

charge of the case, but with a clear understanding that mother and child should remain together.

Dr. P27, Associate in ———, ——— Medical School, said he did not take cases of this kind, but told the investigator that he could readily have the child placed in Institution No. 1, and gave him some information as to how to do it.

Dr. P28, formerly Assistant in ———, at the ——— Medical School, said he had retired from this kind of work, but fully admitted the advisability of having it done under the conditions, and referred the investigator to Dr. P14, and Dr. P29.

Dr. P30 said that if the investigator had come a little sooner medicine could easily have been given to produce results, but that now it was too late and an operation was dangerous. She suggested placing the girl in Institution No.1, and said that she would look after her; and that after the baby was born it could be permanently placed in Institution No.1, where it would not live longer than five weeks.

Dr. P31, late Professor of ——— at the ——— Medical School, said he could find a suitable place where the girl could board until ready for confinement; and that he would take charge of everything and separate the child from its mother at birth. His fee would be \$100, and placing the child in an institution would be \$35.

Dr. P32 agreed to take charge of the case and the separation; he would charge \$100 for his services; he named three hospitals where the girl could be confined; he said he would place the baby in Institution No.1 for \$125, and would take it there himself in a cab.

Dr. P33, formerly Professor of ——— at the ——— Medical School, said he had assisted a number of girls

under similar conditions and that the main thing is secrecy on the girl's part; too many young women he said talk too freely. He said he should be very glad to take care of the girl; that his fee would be \$100; and that the price for placing a baby in Institution No.1, which he would personally do, was \$150.

Dr. P34, Professor of ——— at the ——— Medical School, takes great interest in medical affairs and anything that tends to the up-building of the profession. He said he would make all arrangements to shield the girl and to save her good name; that he would charge \$50 for his services; and that the hospital where she would be confined would dispose of the child—the charge for which would be \$150.

Dr. P35 has a sanitarium. He charges \$7 a week before confinement and \$15 for confinement fee. This man has various connections with baby-farming establishments. He spoke of a place on Courtland Street where the baby could be placed; another one in connection with a church; of another place kept by Mrs. X5 on Mt. Royal Terrace; and he referred the investigator to a midwife also. The charge for placement would be \$100. He said he frequently has cases of confinement in his sanitarium.

Dr. P36 advised taking the patient to Mrs. X6's place, where she could be confined. The doctor would attend her for \$25. Mrs. X6 would arrange for the placing of the child.

Dr. P37 advised taking the patient to a private boarding house in Mt. Washington. At first he did not seem to know much about this place; but later in the interview he acknowledged that he had had a number of cases there. The woman running the house attends to the placing of a baby for \$100.

Dr. P38 is a prominent man and is interested in several medical charities. He readily agreed to take the case and said that the woman could be accommodated at the ——— Hospital, and that he would separate the child from its mother immediately and place it in the nursery until arrangements could be made at Institution No.2; this would cost \$50.

Dr. P39, Associate in ——— at the ——— Medical School, said that there are three methods of handling such a case as this: first, by forcing a marriage; second, by separating the child from its mother and disposing of it; and third, by an abortion. He said that an abortion is not countenanced by reputable physicians. He advised putting the girl at the ——— Hospital or the ——— Hospital. He said that the case was not an unusual one; that three or four frequently came to his notice in a week. He did not attend this class of cases, so could not take the patient; but he referred the investigator to Dr. P40, who he said would take charge of it.

Dr. P41 has an establishment which was found by chance. He is a single man, and lives in the house where he has his office; the place is run by a woman who says she is a nurse. He offered to take the patient there, where she could remain and be confined. He said to the investigator: "I have a very nice woman in charge of my house and she is quite willing to take the extra care and responsibility that a patient needs; she is really like a mother to the patients, and a girl is most fortunate to fall into the hands of such a woman." The woman in charge is about fifty years old; she told the investigator that the patient would have everything to make her happy and comfortable; that they had an automobile and that she would take her out

riding every evening; board would cost \$7 a week, including laundry. The doctor would not state his price, but said he would be most reasonable because he felt so sorry for the girl (he had never seen her). He urged that none of the usual places be considered for the case. He said that permanent care for the child could easily be arranged; it could be placed in one of the institutions or in a private family, or could be taken by a well-known religious worker. The investigator got the impression that the doctor is really running an abortion establishment with baby-placing as a side line.

Dr. P9 is a woman of education and apparent refinement, and about forty years old; she said she had had 507 obstetric cases and had lost but one case; and that she had cared for a number of unmarried girls and could guarantee absolute privacy. She takes them, she said, into her own house, and if she has more than she can accommodate they are put into a private sanitarium; she charges \$15 a week before confinement and \$25 a week after confinement; her own fee is \$50. She agreed to do an abortion for \$300. She said she could easily place the child but that this would cost \$150; \$50 must be paid at once in order to secure a place. If there should be any complications in the delivery she would take the patient to a sanitarium. When asked how the babies thrive in the institution in which she places them she said that they do splendidly; that the superintendent of ——— always gives her babies preference because she, Dr. P9, always looks after them so well. She urged a cash payment because she said the superintendent could not reserve a place at the end of the month if the city wished to place a child there. She

said she had used this place for five years and that she had never had any trouble. She never allows a patient to see her baby; for then the girl does not want to give it up. She said that on one occasion she had separated a child from its mother and put it into Institution No. 1; but that the girl wished to see her child; and although she (Dr. P9) strongly advised against it, it was shown to her. Two days after the baby was taken away the girl began to repeat incessantly: "I want to see my baby; I must have my baby;" and finally went into convulsions. In order to save her life and her reason Dr. P9 went to the institution and demanded the child back. There was a great deal of trouble in the effort to identify the child; but finally it, or a very similar-looking baby, was obtained and brought to the mother.

Dr. P42 works in conjunction with a midwife who runs a house for the accommodation of his patients. His main business, we have reason to believe, is abortion; but he agreed to take the patient and keep her until her confinement was over; then to separate the baby from its mother and send it by his assistant, the woman, to Institution No.2. He said he had taken a number himself, but that now he is very busy and that she attends to it. Once, he said, he carried a baby wrapped in a table-cloth. He said that formerly he could always place a child for \$35, but that since there were more illegitimate children born in Baltimore than in any other city, the price had gone up. When asked what fee he would charge the girl he said: "Oh, you need not worry about that; I am so sorry for her and for the amount of money it is going to cost her to get out of her trouble that I won't be hard on her." The mid-

wife had already told the investigator that she would board the girl for \$5 a week; but when Dr. P42 was interviewed he said it would be \$15 a week. In conclusion Dr. P42 said that he used Institution No.2 because he liked it better, and that at the same time it was cheaper, charging \$100; while, he said, Institution No.1 charged \$120. He said that the only fault he had to find with Institution No.2 was that the superintendent cared too much for the children. He added: "These institutions are far better than the baby farms that I could show you; in such places they board babies for \$10 a month; they would positively nauseate you, they are so terrible, and yet many people use them."

INTERVIEWS WITH CLERGYMEN

Thirty clergymen, all prominent men, including Protestants, Catholics, and Hebrews, were interviewed in order to find out how they regarded the separating of a baby from its mother immediately after its birth and the placing of it permanently in an institution. These included some of the most prominent ministers in town, many of them very closely identified with social work.

The investigator represented himself to be a married man whose daughter was pregnant, and he asked the ministers to help him by advising him as to the best course to pursue. All of them, except two, agreed to do what they could to help him to separate the child from the mother,—only two offered any objection; only two spoke about its being wrong; only two seemed to realize that it meant aiding and abetting in the killing of an infant! This was a startling revelation and evidenced either an utter lack of knowledge of the subject or a wanton carelessness and criminality.

Seven recommended Institution No.2; four recommended Institution No.1; others promised to get information; five said that they would make all arrangements. A few said that money for their services would be acceptable.

The substance of several of these interviews is here given:

The following is from a man whose sermons are frequently reported in the newspapers: the Rev. C1 said he should like to help, but that it was out of his line; that

formerly there was a society in his church to attend to such things, but it had gone out of existence. He suggested that the investigator see Dr. P43. Another investigator got a more detailed story from this minister, who said that he had assisted in placing a number of children, but that they had been left on his hands and that he had found it very unsatisfactory. He recommended that the child be placed in Institution No.1. In the course of the conversation he spoke about a number of girls whom he had helped. Speaking of the mortality in the institutions he said that in Institution No.1 it was about 90 per cent. Notwithstanding this assertion his last advice to the investigator was to place the child there. Three investigators in all talked to him and all of them felt that he knew very much more about this traffic than he would tell.

The Rev. C2, a very well-known preacher, was asked what arrangements could be made to separate a child at birth from its mother and to place it in an institution. He agreed to find a suitable boarding place and recommended the ——— Hospital for confinement. He thought that Institution No. 1 or Institution No.2 would be satisfactory, and that the charge would be \$75. He asked the investigator to call again in a day or two, when he should have more detailed information.

The Rev. C3, a man prominent in social work, said he would assist in finding a boarding place and at the proper time would make arrangements at the ——— Hospital for the girl, and that after this he would find a suitable institution for the baby. He would attend to all this himself. He was told by the investigator that he expected to pay him for the service. Mr. C3 replied that he would make no charge. The investigator then

said: "Well, I will make you a present of \$250." He replied that it would be acceptable, as his salary was small.

The Rev. C4, pastor of a very prominent church in this city, promised to assist in finding a boarding house and agreed to look into the hospital proposition, to get prices and so on, and to see what could be done regarding placing the baby. He said he would find out the charges of Institution No. 1 and Institution No.2.

The Rev. C5, who is prominently connected with social work, seemed a little timid and suggested that the investigator see Mr. X7, of the ——— Company, who he said was more familiar with such matters than he himself. He said he also would speak to Mr. X7, and that between them he was sure they could help the inquirer out. He said he thought the ——— Hospital the proper place for the girl to be confined and that Institution No.2 could be recommended for the child.

The Rev. C6, who is prominent in social movements and often quoted in the newspapers, said that he would assist in finding a boarding place and putting the girl into a hospital and would make arrangements for placing the baby in Institution No.2. He asked the investigator to come again, when he should be able to state the charges.

The following is from one of the best-known clergymen in the city:

The Rev. C7, when first visited, treated the investigator very cordially but said that he knew nothing about such practice and pretended entire ignorance of the subject. He became sympathetic, however, and promised to make inquiry. He said that the case needed secrecy and caution and that he would see what

could be done. On the second visit his manner had entirely changed. He not only promised to help out, but said he would see to the arrangements himself. He said that the girl could be brought to his home and that he would introduce her to the person with whom she was to board. He had selected a doctor, a personal friend of his and a deacon in his church, and also had seen about the hospital. He said that the child could be placed in Institution No. 2 for \$75, or in ——— Hospital in Washington. The cost would be—doctor's fee, \$100; hospital, \$25 a week; extra nurse, \$25; etc. On leaving, the investigator remarked that he would remember him with a cash donation for his interest and services. Mr. C7 thanked him, saying that he would accept it as a mark of friendship.

The Rev. C8 said he would assist in the matter; he mentioned the ——— Hospital, the ——— Hospital, and the ——— Hospital as suitable places. The prices, he said, would be—room, \$21 a week; extra nurse, \$32; doctor's fee, \$50; and placing the child in Institution No.2, \$65. The information about the prices was obtained on a second visit.

The Rev. C9 is one of the most active social workers in Baltimore County and is aggressive in his righteousness. He was most sympathetic. He said that board could be secured for the girl in some good Christian family at a reasonable figure. He spoke of the ——— Hospital, where the rates would be from \$18 to \$25 a week; the doctor's fee would be about \$50. He recommended Institution No.2, where the baby could be placed for \$100. He asked the investigator to call again in about a week, when he could tell about any arrangements to be made.

The following is from a minister whose sermons are often quoted:

The Rev. C10 said, when the investigator told him his story: "Why it seems to me that this case justifies an abortion." He added: "But of course I, as a minister, could not recommend that; but if I were a man of the world I should know what to do." He advised the investigator to go to see Mr. X8, of a certain organization, who, he thought, could give the proper information.

The Rev. Dr. C11, a clergyman who holds a very important position, promised to assist in every detail of the case. He said he would secure a boarding place for the girl, select a physician, a member of his congregation, to take charge of the case, and he suggested the name of an institution in which the child could be placed.

The Rev. Dr. C12, pastor of one of the most prominent and wealthy churches in the city, said that any one of the leading hospitals would be a good place to take the girl when the proper time arrived; and that until then board could be procured in some nice home. He agreed to look after all details and said that separating the baby from its mother at birth could easily be done and the child placed in an institution.

The Rev. C13, a very well-known clergyman who is connected with a number of social and welfare movements, told the investigator that he would secure a boarding place for the girl and see that she was properly taken care of during confinement. And he furthermore promised that he would make arrangements for separating the baby from its mother at birth.

The following positive refusal is from a very well-known clergyman:

The Rev. Dr. C14 said he should be very glad to do what he could in the way of procuring suitable arrangements at the hospital for the girl, but that under no consideration would he agree to the separating of mother and child. He said that it nearly always causes the death of the child and that such an act is little short of murder. He said, moreover, that such a separation has a very harmful effect on the character of the girl.

We obtained more interviews, all from prominent men; but the above will suffice.

INTERVIEWS WITH NURSES

An investigation was made of 69 nurses, most of whom it was thought had to do with obstetrical cases. A number of them, we found afterward, do not do this kind of work. In the group there were 30 practical, 26 graduate, and 3 undergraduate nurses; and 10 whose training was not stated. They were asked advice regarding the placing of a child. Among the whole number of 69 there were only our who said they did not believe in this kind of work, and did not care to aid in any way the separating of mother and child; the remainder made suggestions regarding such separation and offered no objection to the practice.

Twenty-six recommended Institution No.1; 13 recommended Institution No.2—among this number there were 6 who were in the Institution No.1 list also; 10 spoke of —— Society as being a suitable place—4 of these recommended also an institution; 8 said they were willing to adopt the child or take it for a certain price; 2 would arrange to have it taken by relatives, and 3 by friends; 4 recommended small private institutions—3 of these spoke of Dr.——'s Home; 6 said they knew of boarding homes; 2 advised midwives; 2 advised advertising; 4 had no knowledge of the subject; and 4 refused to connive in any way. Some of the nurses in the foregoing list each suggested several different courses. This accounts for the apparent discrepancy in the foregoing figures.

One of these nurses said she would take the child for \$50 cash and \$10 a month, or that she would take it permanently for \$250.

Three were willing to take the child for \$500—one of these said she would board it for \$20 a week.

One said she could place it with a woman for \$150.

The following are typical cases:

N19, an elderly woman, formerly nursed confinement cases, but lately gave up doing so. She referred the visitor to two homes (both of these have since discontinued the work). She said she herself had carried babies to Institution No.1.

Mrs. N20, an elderly woman, is a graduate nurse, and had been head nurse at the ——— Hospital for some years. She had personally taken care, for six months, of a baby belonging to a girl in the South; finally the girl sent for her child and adopted it as her own. She spoke of having taken care of another baby for a woman who paid her \$50 cash and \$10 a month board. Eventually the woman adopted her own baby. Mrs. N20 was willing to take the supposed baby permanently for \$250.

Mrs. N21 had two years' training at the ——— Hospital; she said she could give no advice as to how a baby might be adopted, but that at one time she had taken charge of a very beautiful girl from Virginia who had been brought to Baltimore and placed in a private boarding house by her supposed husband, a married man of about forty and a lawyer of some prominence. The baby was placed, and the girl went home.

Mrs. N22 said that at the ——— Hospital the babies are taken immediately from their mothers and placed in homes; that the mothers are never allowed to see them; and that this is done by the authorities at the hospital.

N23, a graduate of ——— Hospital, stated that while she was in training at that institution the girls who were confined there, in case they did not want their babies, had them sent to Institution No.1, where they paid \$35. When a baby was sent with only \$10 it was returned.

Mrs. N24 said she had often been asked to board babies, but would not do so; for usually the mothers skip after a little while, and the babies have to be taken to the police station.

Mrs. N8, formerly had charge of the maternity department at the ——— Hospital. She said that during her stay there all the babies were sent to Institution No.1. She did not advise Institution No.1 because of personal reasons.

N9, graduate of ——— Hospital, had been a district nurse; she spoke of the appalling conditions existing in colored baby farms and had heard that similar conditions prevail in those for white babies. She advised taking the baby to Institution No.1, where it would receive every care and attention and all for the sum of \$50.

Mrs. N11 suggested Institution No.1 and said she could get the baby into that institution for \$25. She related the instance (as already recorded) of a girl who had gone there with a baby, but did not have enough money; the attendant was most emphatic that she bring \$25. The amount could not be raised and the girl, who was sixteen, went to Institution No.2, where she was taken in with her baby and did laundry work from 7 a.m. to 6 p.m. After a little while she broke down and had to go to ——— Hospital for an operation; she left the baby at Institution No.2, where it

died while she was away. The girl now lives in a furnished-room house and is a prostitute. She said that if her mother had allowed her to stay at home, and have her baby with her she would have kept straight.

Mrs. N25 is an elderly woman in very poor circumstances; she said she would take the infant for \$500; but that the mother must sign a paper agreeing to give the child up.

Mrs. N26 is a practical nurse, At first she said she would care for the baby for \$20 a week; finally she decided to take it for the lump sum of \$500.

N18, trained nurse, was told by the investigator that his daughter would be confined and that he wished her help in handling the case. She said she was familiar with troubles of this kind; that she could arrange to have the girl cared for in a house just below where she lived; and that she would get the doctor, pay all the bills, and dispose of the child. She suggested that the girl be brought to her home to board until ready to be confined. The charges, she said, would be as follows: \$18 a week for board; \$100 for doctor's fee; \$25 a week for board after delivery; \$150 for disposing of the child; in addition, she would charge from \$100 to \$200 for her services. On being questioned as to the doctor she would get, she named Dr. P44, Dr. P45, and Dr. P46. Of the three she said she preferred Dr. P44. She furthermore stated that the baby would be adopted by Mrs. X9.

At a later interview N18 said that oftentimes there are accidents at birth, so that the baby dies and does not have to be cared for. "You see it is this way," she said; "sometimes the cord at birth is wrapped round the baby's neck, and unless this cord is removed very

quickly and skillfully the baby dies." She added in a rather knowing way that of course the cord could be left on for a few moments; that if the doctor were skillful he could manage this; and that even a well-trained nurse present would not detect it. This was interpreted to mean that if sufficient pressure were brought to bear on her she would kill the child.

A proposition was then made boldly to her at the next visit. She would not agree; but she stated that an accident might happen and she did not seem averse to taking an additional sum of money in case it did. The investigator was convinced from her ingenious way of talking and from her manner that for a certain sum of money she would kill a new-born child.

The above investigation clearly shows that nearly all of these women who are practical nurses and a few who are graduate nurses are not averse to separating mother and child, although they must know from their training and experience that it usually means the death of the child. A few are willing to make a definite business transaction and adopt a baby themselves—in other words they simply take the baby and turn it over to one of the institutions. Institution No.1, as was the case with the midwives, brought by far the larger number of the nurses' recommendations. The Henry Watson Children's Aid Society, the institution which they should have recommended, was mentioned by them only ten times; but in five of these they spoke also of Institution No.1 or Institution No.2, showing that they did not recommend the Children's Aid Society for the purpose of keeping mother and child together.

The interview with N18 almost takes one's breath away, for it is unmistakably an instance of a woman's agreeing to murder a child for a given amount. We are convinced that there are many more like her; for in the course of our investigations we have several times run across persons whom we believed to be of this type, though they would not commit themselves openly.

INTERVIEWS WITH MIDWIVES

Three experienced workers, two women and one man, interviewed the licensed midwives and a number of others who, they found, were not licensed. A few of the women could not be found, notwithstanding that repeated visits were made to their homes. The home of one midwife whom we were particularly anxious to see was visited twelve times before an interview was obtained.

The investigators used the pretext of having in charge an unmarried girl who was pregnant and who wished to be cared for very privately. Information relating to the following questions was sought: Would the midwife do an abortion? Where could the girl be confined? Where could she be taken care of before her confinement? Could the midwife accommodate her in her own (the midwife's) home? What would be the price for the services rendered? Particular inquiry relating to the disposition of the child was made—would the midwife place it in an institution, or keep it herself, or have it adopted, or make other disposition of it?

One hundred and eleven of these women were interviewed: 51 of them were seen by two investigators and 13 by three investigators; of the total number, 15 were colored. As a rule women of this class are very ignorant, know next to nothing about antiseptic precautions, and in general appearance are unclean and untidy. There are, however, some exceptions to this, some of

the women being intelligent and observing a very good technique in their ministrations.

A number of the midwives accommodate a few patients in their homes, take them to board for any length of time before confinement, attend to them, and keep them until they are ready to leave. Most of them have medical men on whom they call when they have any trouble; a few say that they have never needed to call on one as they themselves are more expert than any physicians they have ever seen.

The fees asked for confinement were as follows: 40 midwives said \$15; 24 said \$12; 2 said \$18; 7 said \$20; 3 said \$25; 2 said \$6; 1 said \$10; 1 said \$50; 1 said \$50 for confinement and the board of the girl after confinement. The others did not state the price.

Sixty-one offered to arrange for boarding the girl; 14 of these said they would take her into their own homes, and others gave the impression that they would; the ones who could not do this offered to arrange with some neighbor. The prices varied from \$3.50 to \$7 a week before confinement: 15 said \$4 a week; 8 said \$5 a week; 7 said \$3.50 a week; 9 said they could not board the girl nor make any arrangement for it. The prices after confinement were: 1 said \$15 a week; 1, \$25; 2, \$10; and so on. Most of the midwives added something to the price for care and attention during the first few weeks after confinement, but the four last-mentioned were the only ones who asked such an advanced figure.

Thirty-five stated positively that they would do an abortion; 8 refused, but the investigator felt sure that they did so because they were suspicious or afraid on account of the agitation on the subject in this city. The impression the investigators received was that

practically all the midwives would do an abortion. Out of the whole list there were not more than ten that they felt sure would not. Twenty-four stated their prices: 3 charged \$75; 2, \$50; 2, \$100; 2, \$10; 1, \$15; 1, \$25; 1, \$35; 1, \$65; 1, \$30; 1, \$5. Nine said they would do an abortion only with medicine. Of those who would do an abortion, two advertise in one of the leading papers. A few were willing to take the girl into their own homes and keep her until everything was over. Nearly all of them, however, wished to do the operation and then let the girl go to her own home; some were willing to visit her there, but most of them advised that she get a doctor. Nearly every one of them has a special doctor on whom she calls when it is necessary. It was only in exceptional instances that we could obtain the names of these physicians, but most of the midwives acknowledged working with them. The method pursued is that the midwife does the operation and the physician carries out the subsequent treatment.

All of the investigators made special inquiry as to what disposition could be made of the child. Seventy-nine out of the 111 midwives were interviewed concerning the immediate separation of mother and child and the placing of the child in some institution or family or boarding home,—and all of these agreed to the proposition.

In the following paragraphs an analysis of these suggested placements is given:

Forty-nine midwives named Institution No.1 and 19 named Institution No. 2, and included in these were 10 who named both Institution No.1 and Institution No. 2; 6 stated simply "institution." This makes a total of 64.

The prices stated for placement at Institution No.1 were as follows: 13 said \$50; 7 said \$35; 5 said \$100; 4 said \$75; 2 said \$60; 2 said \$40; 1 said \$65; 1 said \$55; 1 said \$120; 1 said \$125.

The prices stated for placement at Institution No.2 were: 5 said \$35; 5 said \$50; 2 said \$75; 2 said \$60; 2 said \$100; 1 said \$40; 1 said \$55.

Three named ——— Orphanage; 15 offered either to board the baby themselves or to procure a boarding home for it—the prices for this ranged from \$2.50 to \$5 a week. Fifteen said they could have the baby adopted by a family, or, in some cases, would adopt it themselves. The prices given for this were as follows: 1 said \$25; 3 said \$100; 1 said \$150; 1 said \$200; 1 said \$500; 1 said \$2,000. Of those who offered to board, adopt, or otherwise dispose of the baby, a number named also the regular institutions.

Nine refused to have anything to do with placing the baby.

One said she thought she could place the baby in an institution for \$50. She said also that she could have it adopted by a woman who would pass it off as her own child and deceive her husband about it.

One told the investigator that she could place it in Institution No. 1 for \$50; later she told another investigator that placement at Institution No.1 would cost \$120, and at Institution No.2, \$100—she said she had already placed one in the latter institution and had paid \$100 for it.

One would herself board the baby for \$5 a week or would place it permanently in an institution.

One would perform an abortion. In case of a full-term baby she would place it in either Institution No.1

or Institution No. 2 for \$50; or have it adopted by a neighbor for \$200, or by another woman for \$50.

One agreed to place it in either Institution No. 2 or Institution No. 1 for \$100; or leave it at a place, the name of which she would not tell, for \$25; or board it in a private family for \$2.50 a week.

One said she would charge \$50 for doing an abortion; or in case of a full-term baby she could have it adopted by a neighbor.

One would do an abortion for \$25; or would place the baby permanently in ——— Orphanage.

One would give medicine to produce an abortion; and if unsuccessful would operate—the charge would be \$75. If the baby were born at full-term she would consider boarding it herself.

One would do an abortion for \$50; or would adopt the baby for \$2,000.

One would place the child in an institution for \$50 or put it into a boarding home. She said that she once had wrapped a baby in a piece of newspaper very soon after it was born and had taken it to a woman who wanted a baby.

One would do an abortion for \$65; or she would secure a boarding home; or her daughter would take the baby permanently.

One would do an abortion, but would not state the charge; or would place the baby in Institution No. 1 for \$125, and charge \$10 for her services. (To other investigators she said that the charge at Institution No.1 would be \$50 or \$75.) She could have the baby boarded; or for \$150 she could have it adopted in a private family.

One said that her son and daughter would adopt the baby for \$100.

One would do an abortion for \$75; or place the baby in Institution No.1 for \$100; or have it boarded in a home; or take the baby herself permanently for \$100.

One was willing to care for the girl after the abortion was done, but would not agree to do the operation. She would place the baby in either Institution No.2 or Institution No.1 for \$55; would adopt it herself for \$100; or secure a boarding place.

One would board the baby in a private home—the amount for this was not stated; place it in Institution No.1; or adopt it herself permanently for \$500.

One would do an abortion for \$75, in conjunction with a doctor and a nurse; or place the baby in ——— Orphanage; or have it adopted by a private family.

One would place the baby in Institution No.1 for \$35. This woman stated that she had furnished a woman with a baby for \$100; she said she was now looking for another one and had offered a hospital \$75 for one, but had been refused. She had arrangements pending with another hospital and thought she could procure a baby.

One would place the baby in Institution No.2 for \$50; in Institution No.1 for \$75. She had placed a child in a family.

One would place the baby in either Institution No.1 or Institution No.2 for \$75; she might be able to place it for \$25.

One would do an abortion for \$100; place the baby in Institution No.1—the price was not stated; or consider adopting it.

One would place the baby in Institution No.1 for \$35; or with a woman she knew who would board the baby.

One would consider abortion; or would place the baby in Institution No.1 for \$75; or would arrange for adoption for \$150 or \$200; and knew of boarding homes also.

One would consider abortion, but seemed afraid; she could arrange for adoption for \$150, and \$10 for her services.

One could place the child with a woman for \$100, or in Institution No.1 for \$40.

One would do an abortion with medicine; she said she had taken a large number of babies to Institution No.1, and usually got \$3 for carrying one there.

One would consider a price for placing the baby in an institution, and knew also of neighbors who might board it.

The following are a few typical examples:

M12 takes only full-time patients—confinement fee, \$15; board and lodging, \$4 a week; washing, extra. She agreed to separate the child from its mother immediately after birth and to place it in Institution No.2 for \$60, or Institution No.1 for \$75.

M13 (colored) agreed to perform an abortion on a white girl for \$15, and in case the girl was sick to board and nurse her for \$5 a week. She boasted that she had treated dozens of white girls and colored girls and had never had any trouble. She furthermore agreed to arrange for the girl's board in case she wished to wait and have the child born in the natural way. Her fee for confinement would be \$15, with some additional charge for the after-treatment. She runs a boarding home also and has three children there at present—one a baby crawling about and two others who are just able to walk. She stated that she would separate a

child from its mother immediately after birth and place it in an institution.

M14, when asked about an abortion, hesitated and said: "I never do that; besides there are too many Vice Crusaders about." Her charges are \$18 for the confinement fee, and \$3 a week for boarding a patient. She could have the baby placed in an asylum for \$75, or have it adopted for from \$150 to \$200; she would take charge of everything.

M15, when asked about an abortion, immediately informed the investigator that she (M15) took only full-time cases, and that these must be known to her. In the end she agreed to perform an abortion for \$75—she would first give medicine and if this failed she would perform an operation.

M16, when asked about doing an abortion, said that the profession has to be very careful now for there are so many Vice Crusaders about; but before the interview was over she agreed to do the abortion for \$50.

M17 is a shrewd old woman who at first was reluctant to tell the investigator anything. She asserts that she can speak seven languages; was born in France and brought up and trained in Sweden; has practiced for thirty years; has never lost a patient and very few babies; can remove birthmarks in every case; can deliver a woman, no matter how large the child or what the kind of presentation, without laceration or need of stitches. She has seen many doctors, she says, but never one who can handle a case as well as she can.

At first she absolutely refused to make any terms until she could see the patient; finally she said to the investigator: "I believe you are straight." She then agreed to take the patient for \$4 a week before con-

finement, and \$75 for delivery and services. She said she could not place a child for a definite price, as it was not always easy—sometimes costing \$50 and at other times \$75 or \$100.

When asked about an abortion, she said: "Bring the girl and let me look her over." When pressed for a decided answer she said she took only full-time patients. She then went into another room and brought out a two-weeks-old baby; she said that the mother had been "caught," that the father was a married man, and that she was keeping the baby until some arrangements could be made for it. She said that this is a common occurrence. When the investigator again asked if she would help him out, she answered: "Yes, bring the girl here and I can make her comfortable; no one will find out who she is, and after she is confined I can get some one to adopt the baby." The price for all this, she said, would be \$6 a week for board; confinement fee, \$25; \$150 to have some one adopt the baby, or \$125 to place it in an institution; \$10 additional for her trouble in placing it. She stated also that she could have it boarded for \$5 a week.

Three investigators called on this woman, but she would not commit herself as to an abortion; although from several other sources of information we are sure that she does this operation. She is a sly, tricky woman, who evidently would do anything for a price.

Mrs. M18 has a comfortable house in which there are nine rooms for the accommodation of patients; everything is clean and the woman herself is tidy. She was seen by three investigators. The interviews all practically tallied; the woman would take the girl into her institution and keep her for any length of time for \$7 a

week before confinement; the confinement fee would be from \$15 to \$25, and the weekly rate afterwards would be \$10; she could have the baby placed in Institution No.1 for \$125—she had done this a number of times and there had been no difficulty about it. She would not agree to an abortion, but each of the investigators believed that she would readily assent if she were sure of the person and if the price were forthcoming.

Mrs. M19 is disreputable looking and her house is small and dirty. The investigator was received in a narrow hall; he heard voices of men and women in the adjoining room; tobacco smoke was in evidence. Mrs. M19 said she had four patients in the house at the time, but that one would be ready to go out in a few days; that she would receive patients for \$4 a week and would charge \$10 for confinement. She suggested Institution No.1 for the baby. The impression given to the investigator was that Mrs. M19 would do anything with sufficient inducement.

Mrs. M20 is a tidy, nice-looking woman and her house is beautifully neat. She agreed to take a patient for \$5 a week before confinement and \$10 a week afterward; her confinement fee would be \$15. She thought that the child could be placed for \$50 in a private home. She would not agree to an abortion.

M21 said she had carried a number of babies to Institution No.1 and to Institution No.2, but many more to Institution No.1 than to the other place. She said that in accordance with the directions of the doctor she goes about midnight to the home of the patient and gets the baby; she sees no one in the house except the person whom she meets in the hall, who hands her the

baby, together with a sealed envelope for the hospital and \$3 for herself; she is not told the names of the people, as all the arrangements are made by the doctor. She used to take the babies in a cab, she said, but she found that this excited too much comment; so now she walks up to the front door of the hospital, rings the bell, and hands the child over to an attendant.

M4, on being asked about placing a baby, said she knew of a woman who was most anxious for one; her husband was very much dissatisfied about her not having a baby, so she was going to adopt one and pass it off as hers; this she thought she could carry through because the husband was going to be away for a long trip. M4 said that at one time she took care of a girl in her home, but that there was not money enough to place the child in an institution, although she made every effort to get one to take it. Finally she was advised by the sheriff to advertise; she did this and placed the child with a woman who had just lost her son. Later the mother came back and asked for her baby; but the midwife told her that she had given it away and did not know where it was.

She related another instance—that of a boy and girl who were not allowed to marry because of religious reasons. The girl became pregnant and the confinement took place at Institution No.1; the baby was left at the institution and died in two weeks.

M22 told the investigator that she would take charge of the girl in question and have the baby either placed in a private family or adopted. She then added: "But why do you not interfere, for it is much kinder to both the girl and the baby." She told the investigator that there is a place with which she is connected which

is run by a nurse and a doctor. She said that the nurse was graduated with her and very soon afterward broke down in health, so that she was unable to do heavy work; she then opened the house and has been running it ever since. She said that she had to be very careful on account of her social position. She would not tell the name of either doctor or nurse. M22 said she would take the case offered and have the abortion done for \$75. The investigator went to the place referred to and found a rather clean, well-kept, small house, run by a woman of about thirty-five years, who told practically the same story. She would not tell the name of anyone connected with the house. It is our opinion that M22 has sole charge of this place, does all the operative work herself, and has no doctor or nurse connected with her. She probably uses the trick resorted to by many abortionists—that is, of having the girl prepared with her face entirely covered, so that she does not see who performs the operation.

M22 says she has placed 60 babies in private families and talks about this as her special charity. At one of the hospitals a child was brought in who was sick when admitted and died in three days. When the death certificate was to be made out the woman who had brought the child asked that the name be changed, as the name that she had given was not the true one. It developed that she had procured the baby from M22 (whether she paid for it or not we could not find out); that M22 had told her to take this baby and if it did not prove all right she would get her another one (the inference being that she would not be charged for the other one). It further developed that the reason it was desired to have the name changed was because the

child was insured for \$18 under another name, and if the death certificate was not made out with this name the insurance could not be collected. The request for the change of name was of course not granted.

M22 told the investigator that two years ago she had furnished a baby to a woman who passed it off as her own and fooled her husband; the man had never found it out, and was perfectly satisfied with and devoted to the boy.

We have found out beyond doubt that M22 works in connection with ——— Orphanage and places many babies there. This orphanage is a notorious place which should be abolished.

The foregoing material shows that one of the most important things in the community—the attention given to a pregnant woman, to a mother during confinement, and to a child after it is born—is entrusted often to a class of women in no sense capable of dealing with this problem; women who apparently have no feeling of responsibility and not the least moral comprehension of the gravity of the situation. They are licensed by the city, but there is no system of inspection and no control of what they do or do not do. As a class they are ignorant, have no knowledge of surgical cleanliness, and in many cases are positively filthy.

A very large proportion, almost all, in fact, will separate a child from its mother immediately after birth; a somewhat smaller proportion will do an abortion; and a number will furnish babies for a certain price in much the same way that marketable commodities are bought and sold. Two of them acknowledged having carried new-born infants wrapped in newspaper to women who were willing to receive them.

They act as judge and executioner; treat the mother as they see fit; do with the child anything they please and have no more consideration for it than some persons would have for a puppy or a kitten. Indeed, we verily believe that they have less feeling for a child than for an animal. They stand ready to kill the child any time before it is born; and after its birth their arms are stretched out for it to cast it to death. If the amount of money obtainable is small, the little one is placed where its destruction is practically certain; if the amount of money is larger, it is adopted, with slightly greater chance of living.

All this is done and all these bargains are made with such a suaveness of manner, such a quiet demeanor, such a softness of voice, such a show of motherliness, that one is led to believe that the midwives' chief function in life is to aid those who have fallen and to help reinstate and rehabilitate those who have been cast out. But when this thin veil is torn asunder, their wiles and their cunning come prominently forth, and one is forced to realize that they do understand the deadly game they are playing and fully comprehend the murderous traffic in which they are engaged.

These midwives, to be sure, are by no means the only persons engaged in the traffic; there are many others who by reason of their education and intelligence are far more accountable for their actions than are these ignorant women. It is almost incomprehensible that such a business is allowed to go on under the very eyes of this community and that no one is held responsible.

INTERVIEWS WITH SOCIAL AND RELIGIOUS WORKERS

Of the cases that throw light on many phases of the subject, one of the most remarkable and significant is that of Mrs. S1.

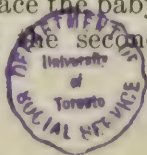
Mrs. S1 is a member of ——— Church and of the Auxiliary Board of Lady Managers of the ——— Hospital. She is a well-educated, nice-looking woman of about forty, and very pleasant in manner. She was interviewed a number of times by three different workers. The following facts were obtained: According to her own statement she is doing her work for religious reasons and she thinks it her duty to save the good name of unmarried girls who have children. She asserts that she has entire charge of the placing of infants from the maternity ward of the ——— Hospital. She said she could hide a girl in a private room for any number of months before confinement; and that after confinement she would not allow the girl to see the child, but would take it away immediately and place it. To one investigator she said that the children are placed in Institution No.2. To another she said that she has a special and private home. Altogether it is not quite clear just what she does with them. The placing of a child would, according to her, cost \$150. She said that she never charges anything for her services, but added that a number of men had been very grateful to her and had given her presents of from \$100 to \$400. This, she said, was turned over to the hospital and used for girls who could not pay. She told

the investigator to place the whole matter in her hands and that she would see to it that it was all kept quiet, and that even in case of death his name would not be brought in. She urged him not to go to the hospital to make any arrangements, but to have all the transactions through her and to pay her all the money. Even hospital and doctor's fees were to be paid to her and she in turn would pay the hospital. The fee for adopting the child would be \$160. She stated, moreover, that she could arrange to bring the girl out to meet the investigator in the evening; that they could go where they pleased, provided the girl returned to the hospital by 12 o'clock.

Mrs. S1 told the investigator that his trouble was an every-day occurrence, and that there was not the least danger of any publicity, for she knew how to handle the curious old deaconesses who were looking for information.

After having spoken of all the details she told the investigator that he must pay \$300 in advance and make some definite arrangements for the payment of the balance. She furthermore stated that in case the baby died at birth the \$160 paid by him for its adoption would not be returned. She said that this is a rule of the hospital.

Another investigator called to see her. She insisted that the girl be taken to a certain hospital, where she could remain for six months if she liked. Her price here was somewhat different from that stated to the first investigator: room used before the operation, \$12 (in the other case it was \$18); doctor's fee, \$25 (in the other case, \$100); to place the baby, \$100 (in the other case, \$160). She told the second investigator that



there is a nursery at the hospital where children are cared for until they are four years; if they live to that age they are sent to an orphan asylum. She said that it used to be quite easy to place children, and that it could be done for as little as \$10 before the back-alley farms were wiped out; but that the price had gradually increased to \$25, then to \$50, then to \$100. She said that in order to secure a place at the present time it would be necessary to pay the money in advance. She refused to give the name of the hospital.

A third investigator interviewed Mrs. S1. She said that Dr. ——— always gives her charge of the babies, and that no one need know what becomes of them, as the report to the Board states only the number of babies placed. She said that the babies are boarded in a home, and that there is also a rescue home for the girls (careful investigation failed to find either of these places).

The investigator told Mrs. S1 that she had a friend who wished to adopt a baby. Mrs. S1 told her that she could not arrange it at the present moment but was sure she could in a few days. She said that she would bring to her own residence a baby recently born and that the investigator could call there and get it. The cost would be \$15, which was to pay a lawyer for drawing up some kind of paper. The woman adopting the baby need not figure in the transaction at all. Mrs. S1 made this arrangement with a woman who was a stranger to her, and she was perfectly willing to give her a child to be placed in an unknown home, without the least knowledge as to the kind of people to whom she was giving it.

Speaking of the going astray of girls, she said that judging from her experiences it was getting worse every day. Her chief concern, she said, was to save the girl's good name and not bother about the baby, for it was better that it should die. She said that she had had the care of a large number of girls from all parts of the country, and she spoke especially of a girl from the South who had gone home and was trying to save enough money to take her child back where she could care for it. Mrs. S1 thought that it would be terrible for the girl to take charge of the infant and run the risk of the whole story's leaking out and of losing her good name. She remarked that she prayed daily for the child to die and that she had written to the girl that she was very foolish to wish her baby to live. In order to save the reputations of the mothers all the babies were better dead, she declared.

Mrs. S1 told the following stories about girls whose cases she had handled:

A girl who was supposed to be in Baltimore at college was at the hospital all the time; and Mrs. S1 was directing the correspondence to the girl's mother, who believed that her daughter was in college. Later the girl was sent home, and Mrs. S1 had one of the doctors write to the parents that owing to the girl's state of health he strongly advised against her returning to college.

Another girl needed, because of her pregnancy, more money than her mother had provided for her—the mother of course not knowing of her daughter's condition. Mrs. S1 told the girl to write to her mother that she had made some bad investments in Baltimore and had lost everything. In order to substantiate this

statement Mrs. S1 gave the girl some bills and statements of a worthless company in which she, Mrs. S1, had lost money.

She said also that at one time she had carried a very young infant, wrapped in newspapers, to the home of a woman who wished to adopt it and was most desirous of having the world believe it her own. The doctor and the woman's sister and Mrs. S1 were the only ones in the secret.

In conclusion Mrs. S1 said that she shields the girl in every way possible; receives at her residence the girl's mail from home; lies to the relatives, if they happen to come to town for a few days, by telling them that the girl has gone to the country with her, Mrs. S1's, daughter. She says she is known as "Mother (S1)."

Mrs. S2 formerly had charge of a rescue society known as the "— — —," she is now keeping a boarding house for some of the girls who had been in the "— — —" and for others who may be in trouble.

The investigator told her that he had come to see her about a girl who was two months pregnant, for which he was responsible. She said that his trouble was a very common one and that some one was getting into it every day. In the course of the conversation she asked him: "How do you know you are responsible for the trouble?" He replied that he was certain about this. She smiled and said, "Perhaps you are, but I have my doubts about it. Experience covering a number of years with all classes of girls has convinced me that nine out of ten who get into trouble have more than one man. The oldest man of the party is made to believe that he is responsible and must pay the bills, while the real lover gets off free."

She proposed that the investigator bring the girl to her home, where she would board her and give her a mother's care. At the proper time she would take her to the ——— Hospital, where she could be confined and could remain until able to go to her own home. The baby could be placed in Institution No. 2 for \$60; or, if preferred, she could place it in a private home, as she had several friends who would take care of it for \$2.50 a week. She said that the cost at her home would be \$6 a week; the doctor's fee \$25; and the hospital charges from \$10 to \$18 a week. At a later visit the investigator insisted that he did not want to take the girl to the hospital; to which Mrs. S2 replied: "Then bring her to my home and I will arrange with the doctor and the nurse to come as soon as I call them. I will let the girl be confined here, but we must assert that it was an accident; that is, that the girl was expecting to go to the hospital but was taken sick earlier than I expected. The total cost for this, including nurses' and doctor's fees and placing the child, will be \$150."

When the investigator first met Mrs. S2 she affected to be very religious and he noticed many religious mottoes hanging on her walls. He saw her four or five times, and at the last interview she said: "I will tell you how it is—all this religious stuff is a damn fake, but I need it in my business and that is why I have it."

In an interview with another investigator Mrs. S2 said she had given up the rescue society, the "— —," because her health had failed and her physician had ordered her to quit such a strenuous life. She said that when the girls heard about it they came to her weeping and said: "Oh, mother, you are going to turn us adrift after you have given your life for us,

and we need you so." She said that this plea almost broke her heart; so she did not consider herself and promised to continue to mother them.

Regarding taking a girl to the hospital she made about the same statement as that she had made to the first investigator.

We were unable to find out the exact details about Mrs. S2's present life. She has eight girls boarding with her—of whom some work and some do not. She says they pay her \$4 a week board. We have some evidence to show that two girls who live with her became part-time inmates of a house on King Street, and that there is a woman living with her at present who was formerly a prostitute.

Mrs. S3, social worker, devotes a great deal of time to rescue work among the girls around Highlandtown and Back River; she is one of the most zealous workers on the Board of———Society. The investigator told her that he was responsible for the two months' pregnancy of a single girl of eighteen, and wished to have an abortion performed or to make some provision for the baby at birth. She cautioned him not to have an abortion done, pointing out the dangers, etc., but agreed to help him provided he would let the case run the full term. She asked him to say nothing to any one and to be very cautious for fear the agents of the Federated Charities, the Society for the Prevention of Vice, or the Vice Crusaders might learn about it. On August 22 the investigator called again according to agreement. Mrs. S3 said that she had been praying for him and was positive that with her help everything would go on all right. She told him she had helped several married men through similar troubles without the least pub-

licity; but that he must expect to spend some money. She said that since his last visit she had talked the matter over with her daughter, who had agreed to take the girl and board her until after confinement; and that then the daughter would adopt the baby. At a third visit the investigator met and talked with the daughter, Mrs. X10, who said that the girl could come to her house and board for \$5 a week until confined; that they would call Dr. P47, whose charge would be \$25; and that the investigator could give her mother anything he chose for helping him out of his trouble. Her price for adopting the baby would be \$150; she preferred that a lump sum covering everything—board, nursing, doctor's fee, gift for her mother, and adoption of baby—be given her in advance. In closing she said that everything would be done with the utmost secrecy; that even the doctor would be fooled and that there would be no publicity of any kind.

Mrs. S4, Superintendent of ——— Home, told the investigator that she should be very glad to take charge of the girl but that she could not be party to disposing of the child; she said she was new in her position and would not take any chances.

S5, Superintendent of ———, was visited by the investigator, who represented himself as being married, but responsible for the two-months' pregnancy of a girl of seventeen. S5 said he would not consider an abortion because it was dangerous; but he agreed to help the applicant in placing the child, provided he would spend the money. His plan was to have the girl brought to his home about the fifth month, when he and his wife would take charge of her; they would secure a physician at the proper time and his wife would

do the nursing. The cost would be as follows: board for the girl, \$18 a week from the time she was placed in his charge until a month or six weeks after confinement; doctor's fee, \$25 (he said he would see that the charge was moderate); placing the child in Institution No. 2, \$50, or in Institution No.1, \$50 to \$100. He said he was well acquainted with the heads of these institutions and that they would ask no questions. He said he would see that the child was separated from the mother at birth; that the mother did not see it at all; and that he personally would take the child to the hospital. For his own services, he said, he would accept any amount that was given him. The investigator suggested \$100 or \$125, and he said that that would be acceptable. The investigator noticed a girl ironing in the kitchen (it was then nearly 10 p.m.); and on inquiring he was told by S5 that she was a young girl who had got into trouble and that he and Mrs. S5 were helping her out. The baby had been born two weeks before, and the girl was now waiting for the man in the case to pay for her expenses and for the adoption of the baby.

S6 was called on by the investigator, acting on the advice of the Rev. ———. He had evidently been expected, for S6 remarked that the Rev. ——— had already informed him of his visitor's mission concerning his daughter. He said he was sure that arrangements could be made with the ——— Hospital to care for the daughter and to dispose of the child at birth; as to the cost he said he should have to make inquiry, and he asked the investigator to call again in a day or two.

Miss S7, an active rescue worker, opposed separating mother and child; she soon passed over this phase and said that a lawyer should be secured and the man in the case brought to account, for he might do the same thing in other cities.

Mrs. S8 deplored the fact of the girl's going astray, but would give no information regarding such cases.

Miss S9, formerly a social service worker, said she did not believe in the baby's being separated from its mother, and recommended the Henry Watson Children's Aid Society for help in the case.

Miss S10,——— officer, said that separation of mother and child was entirely against her principles; that there were two institutions which take children, but that they die there and therefore she considered it equivalent to taking their life. She recently had a case of a girl who wanted to abandon her infant but was persuaded to keep it for a while, and now nothing could induce the girl to consent to separation. She recommended seeing a society for advice.

Mrs. S11, of the Auxiliary Board of Lady Managers, —— Hospital, said that babies from the maternity ward are placed in Institution No.2, at a cost of \$75 to \$100. She spoke in the highest terms of the institution and recommended that the investigator visit the superintendent.

Mrs. S12, Chairman of the Auxiliary Board of the —— Hospital, said that they have no home for infants in connection with the hospital, but that they are trying to organize such a place, and that at present they use Institution No.2. She recommended also that the investigator see M22 (known to us as a disreputable midwife in Highlandtown); she said that

this woman had placed a baby for her in Dr. ——'s Home. She recommended Mrs. S1 also.

Mrs. S13, formerly connected with a well-known organization and prominent in social work, was very emphatic in expressing her opinions; she said she could not think of separating mother and child, and that the girl should be persuaded to keep the baby.

Miss S14, Assistant —— of the —— Society, advised very strongly against separating mother and child. She said that in some cases they had placed babies in Institution No.2, but that personally she did not approve of it.

Miss S15, of the —— Society, suggested Institution No.2, but thought the girl should keep her child.

Miss S16, of the —— Society, expressed herself as violently opposed to the separation of mother and child; in the end, however, she suggested Dr. ——'s Home.

INVESTIGATION OF HOSPITALS

In the investigation of the hospitals the superintendents, or others in authority, were interviewed regarding arrangements for a confinement case and for the immediate separation of mother and child. Two institutions were asked also about obtaining a baby for adoption. The substance of these interviews is as follows:

Hospital 1. The head nurse in the maternity ward was seen. She told the investigator that there was a mother with a baby eight days old who she thought would be willing to give it up; she said she did not know whether the woman was married or single. The head nurse then went to see the mother, and returned with the information that the mother was willing to give up the baby, but wished to know if there were any children in the family and if the woman was able to take care of it. These questions being satisfactorily answered, the investigator was referred to the doctor in the office regarding charges.

One of the officers of the hospital was asked about bringing a patient there for confinement and having the baby separated from the mother immediately after birth. He said that this could readily be done and that they would attend to it. He stated that the charges for this sort of thing vary.

A social worker, while visiting the hospital, saw a girl seventeen years old holding her baby on her lap. The girl told the worker that she was playing mother; and that they were going to take her baby away. This

young mother, a large, husky, strong girl, had ice caps on both breasts to dry up the milk. Her baby, then three days old, had not been allowed to nurse her at all. The social worker learned of another girl at this hospital, a young Italian of seventeen, whose four-day-old baby had been separated from her and put on the bottle; the baby was being held until the girl's family could raise \$75 for its placement.

Hospital 2. The head nurse in the maternity ward was interviewed. She said she could furnish a baby for adoption, and told the applicant to call the next morning at 10 o'clock to see the mother and the doctor. There would be no charges, she said.

Babies are often separated from their mothers at this hospital; that point, therefore, was not specially investigated.

A second investigator called and interviewed the resident obstetrician, who said that the patient might be entered at once and stay as long as she liked; that the case would be entirely private; and that the child would be placed immediately after birth. When asked about the probable cost, he said that \$500 would cover everything.

One of the former residents of the maternity ward said that the babies are taken to Institution No.1 by a woman who is called "Mother ———;" she is given a fee of \$5 for taking each baby. The resident was asked about the mortality at Institution No.1; he said that they believe it to be about 90 per cent. (This knowledge does not seem to deter any of them from the practice.)

Hospital 3. The superintendent was interviewed. She said that adoption of babies by private families

is not allowed; that this is strictly against the rules. The custom is to send all such babies to Institution No.1.

Another investigator called and interviewed the superintendent, who said that she should be glad to take the patient for any length of time; the price would be from \$15 to \$25 a week; the doctor's fee would be \$25; the baby could be sent to Institution No.1 (the superintendent was not definite about the price for this, but said that it could be arranged as soon as the girl was admitted).

We have two authentic cases of the adoption of babies from Hospital 3. The following is an instance: A baby two weeks old was taken from the maternity ward of the hospital and given to a professional baby farmer, Mrs. X11.

Hospital 4. The superintendent was interviewed. He said he would allow the baby to be separated from the mother at once and placed anywhere that its mother's family or friends saw fit, but that the mother must have her own physician.

Hospital 5. The superintendent said that confinement cases of unmarried women are not admitted; that the obstetrical work done at the hospital is very limited.

It would seem from this that the practice of separating mother and child does not obtain here; but two doctors who were interviewed concerning such separation in a proposed case said they would take the patient to this hospital.

Hospital 6. The superintendent of nurses was interviewed. She said that the baby could be separated from its mother a few days after birth and the child

placed wherever it was desired, and that the woman could be attended by an outside physician or by the resident at the hospital.

Another investigator talked with the head nurse, who said that they often handle such cases; that they could not attend to the placing of the child but that this could easily be done at Institution No. 1; that they had had such a case recently, and arrangements had been made to leave the baby permanently at Institution No.1.

Hospital 7. The superintendent was interviewed. She stated that the baby could be separated from its mother at birth, and that the woman could be attended either by an outside doctor or by the hospital doctor.

Hospital 8. Miss ———, superintendent of the maternity ward, was seen. She stated that the baby could be separated from its mother at birth and that she would attend to this. She said that formerly the hospital had placed babies in Institution No. 1, but that now she has arrangements with a "perfectly splendid private hospital" which she likes very much better. She said that the price at Institution No. 1 is \$120, and at the other place, \$105.

Miss ——— was asked about procuring a baby for the investigator. She said there was a woman in the hospital at the time who was married, but separated from her husband, and that she would see her. She came back and said that the woman was willing to give up her baby.

Another investigator called on Miss ——— and found her an attractive young woman, gracious in manner, and very tactful. She is undoubtedly invaluable in her position. She said that the maternity de-

partment is like a home; a private patient has the freedom of the house; there is a piano to use if she cares for music; there are books and papers; and a delightful living-room; she said there were three or four very desirable rooms for from \$20 to \$30 a week; she could place the baby under fine conditions because the superintendent of Institution No. 2 was her special friend and would do anything for her; this would cost \$135 (\$100 is the usual price); she asserted that the superintendent took all her babies because of personal friendship. There were other institutions, she said, but she did not care to use them.

Hospital 9. The superintendent said she could not accommodate in her hospital a girl who wished to have her baby separated from her; that she did not approve of this and that is was not done at the institution.

This interview is a rather curious one in view of the fact that four physicians said they would take the girl to the above hospital and would separate mother and child immediately after birth. Two of them stated further that there was a special provision made in the nursery for keeping these children for a few days until a permanent placement could be made. In view of these statements there is no doubt that the practice is allowed in the hospital.

Hospital 10. The superintendent was interviewed, and it was found that there was no objection to the separation of mother and child. It was learned also from several men who use this hospital that the practice is not at all uncommon there.

A second investigator talked with the superintendent. As soon as she was asked about placing the child she said: "Oh, is the girl not married? If so, we could

not take her under any circumstances." (This is manifestly not true, for a number of the physicians interviewed said they take such cases there.)

Hospital 11. The superintendent stated that she would not allow any separation to be made; that she considered it criminal and could not tolerate it. Further investigation proved this to be true.

Hospital 12. The head nurse was interviewed. She said that they could take charge of the case and felt sure that the child could be placed; that this must be arranged through Dr. ———. Dr. ——— was then interviewed, and he advised that the child be placed in a boarding home; he had a list of such places and would make a personal investigation and decide which was best; he could not state the price.

Hospital 13. The superintendent stated that they had very few confinement cases and that they would take none of unmarried women.

Hospital 14. It was formerly the practice at this place to allow separation in certain cases; but now it is the rule to allow no such practice.

INVESTIGATION OF BOARDING HOMES FOR CHILDREN

A "boarding home" is a place where infants and very young children are taken to board. Sometimes the mother also is received; but usually the child is separated from its mother. Some of these homes are made use of in an entirely legitimate and necessary way by the various societies that care for children. Some others are run independently, and receive children of any age from anybody, at their own discretion.

In order to board children under three years of age a license must be obtained from the Health Office. Before this license is issued an investigation is made, and after it is issued inspection is supposed to be carried on. The inspection has been very lax up to within about six months ago; since then it has been better and in some districts it is well done.

There are 118 women on the list of proprietresses of boarding homes. An experienced investigator attempted to visit all of them. She found that many on the list had changed their addresses and could not be found; some had died; some stated that they did not take babies; and others had discontinued the work. We investigated 67 of these places and interviewed the women who were running them. In addition to the foregoing we found 18 that were not on the list.

Twenty-six of the homes are used by the X12 Society; 25 others had formerly been used by this society but had subsequently been abandoned by it; 6 do a private boarding business and are not used by societies; 5 are

used by Institution No. 1; 2 by the X13 Society; 3 by the X14 Society; 1 by the X15 Department.

The number of children in each home ranged from 1 to 6; except in three places, where larger numbers of children were received—one of these had 10, one had 17, another 18.

The prices which these homes charge the various societies are \$2 and \$2.50 a week; the prices which they stated to our investigator were as follows; 7 of the homes said \$3 a week; 2 said \$4; 2 said \$4 to \$5; 2 said \$2.50; 1 said \$4; 1 said \$2 to \$3; 1 said \$5; 1 said \$13 a month; 1 said \$15 a month.

Most of the women running these homes told the investigator that they could not board large children (from three to six years old) for \$2 or \$2.50 a week. The investigator believes that this is true, and from an inspection of a number of children she found that they showed evidences of being underfed. The societies which undertake the care of children should take this matter into serious consideration and see to it that sufficient money is provided to insure proper food.

An investigator inquired at the homes concerning the placing of an infant one week old; 42 would not accept it; 28 would; 2 wished to consider it; the others were undecided.

We asked also about adopting the baby permanently; 22 would take it permanently; 20 would not adopt it; 5 would consider adoption—3 of these 5 said later that they were willing but that their husbands were not.

The prices for adoption were as follows: 1 would adopt the child for \$75; 1 for \$100; 2 for \$150; 1 for \$250; 2 for \$300; 2 for \$500; 1 for \$1,000; 1 for \$3,500; 1 for \$5,000; 1 for \$6,500.

The boarding homes are kept usually by middle-aged or elderly widowed women; some of the proprietresses have husbands; a few are single women. A few of the colored ones will take white children; but the societies, with very few exceptions, do not place white children with them.

The investigation which we made shows very clearly that a greater degree of inspection and oversight should be instituted concerning these homes. Some of the women have not sufficient intelligence to care properly for a baby; a few maintain very unclean places and are careless about the welfare of the children. Others take so many that it is impossible to house them properly and to give the attention that is needed. In a number the children were underfed; and in one home where information was obtained concerning the character of the food, we found it to be totally insufficient in amount and strikingly lacking in quality. One of the children that a member of the Commission saw was pale, poorly developed, and had the general appearance of being under-nourished.

In a study made several years ago by a social worker it was found that entirely too large a proportion of these boarded children were under weight.

This matter should not be left to the discretion of individual societies, but should be carefully controlled by the Health Department.

In order to illustrate the type of these homes a few interviews are given:

Mrs. B1 had a little girl from one of the societies; she said she became very fond of it and adopted it. Last summer she had boarded a baby belonging to a girl of nineteen; the baby had a wasting disease; the

girl came to see it three or four times a day, but when accused of being its mother she took it away and placed it elsewhere, and it died after a short while. Mrs. B1 said she would adopt a baby for \$500.

Mrs. B2 had 18 boarding children, ranging in age from early infancy to thirteen years. She had one baby five months old that had been brought to her place by a doctor when it was one week old. The doctor made himself responsible for the board; but he died suddenly, leaving no papers to indicate to whom the baby belonged; the supply of money of course ceased but Mrs. B2 is still caring for the child. Mrs. B2 would take a baby for \$3 a week and would consider adoption. At a second interview she said she would take the baby permanently for \$250.

Mrs. B2 asserts that she gives food suitable for each individual baby and calls her family physician and the society's physician whenever there is need. She sends the Protestant children to their own churches and to public school; the Catholic children she sends to Catholic schools. The house has only two stories and the rooms are tiny. Mrs. B2 and her daughter do all the work and attend to all the children. They are crowded for room, and altogether the place is unfit for the housing of so many children.

Mrs. B3 had 14 babies in her house last summer, in addition to the two children of her daughter; she had taken charge of one baby from —— Hospital when it was only two weeks old. She takes babies from Institution No.1—one baby when sent to her house from this institution was very badly infected, and another baby became diseased from contact with this one; they both died in a short time. Mrs. B3 would adopt a baby for \$300.

Mrs. B4 has a place in ———. The investigator had a long interview with the woman's husband, who said that societies send children to them without proper clothing; one girl possessed only the dress she had on. A little Italian girl was sent by a society with the request that she be given a bed to herself in order that her head be kept from being infected; as a matter of fact she was tuberculous and the society had not mentioned it. One of the girls from this home was examined in a hospital; the doctor reported that she was very much under-nourished. The meals, according to the man's statement, are as follows: breakfast—three slices of bread, a dish of oatmeal, and a cup of coffee; dinner—four slices of bread, two plates of soup, and a bun; the supper was not mentioned, but the investigator was at the home about supper time and had several glimpses into the kitchen, where the children seemed to be having bread and tea. Mrs. B4 is a smooth-spoken woman with snappy eyes. She professed a great deal of admiration for the ——— Society and much love for her work; she said she would not take rich children because the contrast would make the poor ones feel bad. Last summer she had 17 children with her, besides her own five. She became intensely interested in the supposed baby and was eager to take it permanently for \$1,000.

Mrs. B5 has a husband, who works in a butcher shop, and a seventeen-year-old daughter; she had five boarding children—four from a society and one an outsider. She has adopted one child and is willing to adopt another. She would not agree to board so young a child as a week-old infant.

Mrs. B6 is a widow. She had six boarding babies from a society—five of these were in a front room opening on the street, and all of the children slept in this room by themselves at night. When Mrs. B6 was questioned about this she said she was going to put up a bed for herself in the room. The babies ranged in age from a few months to a little over a year; they were clean and apparently well kept, though many flies were in the house and there was not enough fresh air. Mrs. B6 said she should have to speak to the society before taking a baby.

B7 and her sister, both single women, are devoting their time and attention to the care of very young babies; they had three with them—one from Institution No.2, one from Institution No.1, and one a private baby. They would not adopt or board any more. They receive \$12 a month for each of the city children; when the children grow older the city pays for their board only 23 cents a day. They have boarded 30 babies since they began the work. The eldest sister is a kind, motherly-looking woman with a good face, and the investigator has heard people speak in the highest terms of the care and attention that she gives to the children. The two women are daughters of a ——— clergyman.

B8 has a hard face and is evidently a rough character. She had put in an application for babies from a society, but had never received any; she attributed this to the fact that she had no political or other influential people to sign her papers. She said she would take a baby for adoption for \$100, or would board it for \$4 or \$5 a week. She said she had never had a physician and didn't expect to call one as she was her own doctor.

B9 had two children from a society. This woman, in a letter written to an investigator in answer to an advertisement, was profuse in expressions of motherliness and love. She wrote: "I always like to meet any one who is interested in children, for I dearly love them." She wrote also of a society's adopting a baby for \$15 or \$25. In an interview she told the investigator that she would adopt the baby for \$300; in addition to court expenses of \$25, to be paid by the mother. A neighbor told the investigator that this woman had lost by death two of her boarding babies; one of them had been buried by the city; B9 had wrapped it in newspapers and thrown it into the back of a wagon.

B10 is an untidy-looking woman; she said she had boarded babies from a society, and was willing to adopt the supposed baby permanently, or to board it for \$3 a week. She said that a niece who was living with her had gone astray with a man, but that she had made the man marry the girl; their marriage had turned out badly and their baby had died of neglect.

B11 is very anxious to adopt a baby for \$500; she is much in debt and is now being pressed for payment; her husband is a drinking man and is not living at home; her only motive seems to be to get the money.

B12 has a poor-looking place. She had with her a baby thirteen months old that at first she said was her own; but finally acknowledged that she had adopted it; the baby was in bad condition. The woman told a disconnected story and made a very unfavorable impression on the investigator; she said she was willing to adopt the supposed baby but must first consult her husband. On a second visit she agreed to accept the child permanently for \$150.

B13 has boarded babies for various societies; she is getting old and does not care to take any more. A society had once sent her a baby that had been left in Druid Hill Park; it was subsequently adopted by a woman. Another baby once placed with her by a society was in a terrible condition from a wasting disease and had been doped by a woman who had adopted it; afterward it was sent to Institution No.2, then was moved to the ——— Hospital, where finally it died.

B14, a widow with a five-months-old baby and several other children of her own, recently had two illegitimate children boarding with her. One of these was the child of a girl of twenty-five who traveled—probably was a milliner; the mother paid \$4 a week board for the child. The other baby was the child of a very young girl, whose mother paid the board—neither the grandmother nor the young mother ever came to see the child; the baby had been brought to B14 by a nurse, who found that at a boarding home where the baby formerly was there were ten other children, and she had reason to believe that they were given paregoric to keep them quiet. When this baby was brought to B14 she discovered that it did not seem to have the use of its body—she thought it was partially paralyzed. B14 was very anxious to take the investigator's baby for adoption; \$250 was offered her, but she did not consider this enough. She agreed to board the baby for \$5 a week.

B15 had boarded only one child for a society; she said she should be glad to adopt the baby if her husband would agree—*money being no consideration*; she had never had a child of her own and wanted one. She seemed to be a worthy woman and had a comfortable home.

B16 had three boarding children from a society; another, whom she had adopted; and still another, who had been adopted by her married daughter—making five in the house. She did not wish to take any more. Everything was comfortable and the children looked happy.

B16 told the following story (reported also in another section): When she was living in the city one of the daughters of a neighbor came to her one night and asked for help. B16 went to the house and found that a sister of the girl had just given birth to a baby. The girl's mother seemed half crazed and was trying to choke the child to death. The girl had lain in her critical condition from 5 p.m. to 11 p.m., the mother having refused to give any aid or have medical attention. B16 forced her to have a doctor and locked the mother out of the room. At the end of a few weeks a woman called in a carriage and took the baby away, although the girl cried and pleaded with her mother to let her keep it. This pleading continued for some time after the baby was taken away; the mother finally relented and went to the hospital to which the baby had been taken, but found that it had died. This so preyed on her mind that she committed suicide and the girl went into prostitution. She said that if her mother had allowed her to keep the child things would have been different.

B17 had two boarding children; she formerly had had more. She had boarded a girl of fifteen with her baby, this child being the result of an intimacy of the girl with her own father. B17 said she had procured for a lady a baby from an institution; but that later the woman's health failed and the child was taken back to the hospital. B17 made a very unfavorable impression

on the investigator, who was convinced that the woman would traffic in babies in almost any way.

B18 said she would board the baby for \$13 a month. She had three children under her care at the time; one of these was the child of a young girl from Virginia, whose story is as follows: The girl had boarded on ——— Avenue before her confinement. She was confined at the ——— Hospital, where she remained for six weeks, paying \$25 a week. The man who was responsible sent fruit and flowers every day; and when the girl was ready to leave he sent a carriage and had her and the baby taken back to the boarding house on ——— Avenue, where she remained for a time. The man, who said he was a traveling salesman, came back to see her three times. Finally they all left. Three months later one of the boarders in the house had occasion to go to the house of X16, the colored chambermaid of the ——— Avenue boarding house, and there she found the baby. X16 said that the man and woman had brought it there and asked her to keep it for a short time while they went shopping, but that they did not return. The case was carried to court, and the baby was adopted by a club of ten women and placed to board with B18, who is being paid \$10 a month for it.

B19 is a widow who has three married daughters living out of town, and one adopted son of eighteen living with her. She has boarded babies for some time. Whenever the parent ceases to pay for the child she turns it over to some society. She had had a girl, she said, hidden in her house for seven months; the man responsible for the girl's condition was the son of a prominent man in whose house the girl had been at service. B19 took charge of the whole affair, and made the man pay her \$6 a week for the girl's board, \$25 for

a doctor's fee, and \$50 for having the baby adopted. The baby was placed with a family in ——— County, and the girl is now in service at ———. The man has considerable means; his parents know nothing of the affair; he is now engaged to be married. B19 would take the supposed baby and try to have it adopted; she wanted as much money as possible. She was most anxious to have an interview with the mother and said, "Just give me the name and the hospital at which she is and I will go to see her and make all arrangements." She said she could meet the mother with the baby on a street corner after leaving the hospital; she thought this was better than having the girl bring the baby to her house.

B20, married, husband living, has three children of her own. The husband makes \$5 a week; the wife takes a few confinement cases to help out. She was anxious to adopt the baby, but her husband would not consent. B20 told the story of a cousin of hers who had got a girl into trouble. The man was making only \$6 a week. B20 insisted that he marry the girl; he agreed, and the couple went to a priest, who refused to perform the ceremony for less than \$10; another priest consented to marry them for \$5, but asked for the money before the ceremony. Both priests knew that the marriage was compulsory.

B21 had never boarded children and could not take this one. She spoke of a man of whom she knew whose daughter was pregnant. The girl was taken by her father to Europe for her confinement; the baby was adopted by some one over there. The whole affair was arranged by the family physician, who received a fee of \$5,000.

B22 had formerly boarded babies for a society, but later had been dropped by the society. She was di-

vorced, had been remarried, and had a doubtful reputation. She had two boarding babies with her. She was willing to adopt the supposed baby, but her husband objected. She would board it for an indefinite period for \$3 a week. This woman had lost two babies by death, which the society traced to carelessness on her part. She works in conjunction with a nurse (formerly reported on) who agreed practically to kill a child at birth.

Twenty-two boarding homes for colored children were visited. The majority of these seemed to be fairly decent places and the women clean and kindly. One woman said she would rather have white children than colored children, but could not get them. Another said she had had a white child from one of the societies. The only one of them who was willing to take the supposed child was B23; she would charge \$3 a week. She said she had once taken a white child at three months old and had kept it until it was six years old. The mother was a school-teacher and the father a married man who traveled. The man later left his wife and took the school-teacher out west, where she died after a little while. The man then returned to his wife and adopted the child. B23 stated further that once a woman had left a white baby with her and paid \$3 a week board, but never had come back. She had thought of having it put into an asylum, but some one adopted it. She said she nearly got herself into trouble in court about this child; but she would not give details. She had boarded another white baby, whose father was a Jew and whose mother was a Swede. When B23 found that they were going to leave town she refused to keep the baby and made them take it with them.

RESULT OF ADVERTISING REGARDING HOME FOR VERY YOUNG INFANT

An advertisement reading as follows: "Wanted a home for a baby one week old. Liberal pay," was inserted once in a morning paper and once in an afternoon paper. We received 105 answers. Some of these were from Maryland counties and a few from other states than Maryland. The writers were all willing to take the child and specially inquired about terms.

Thirty-nine of the applicants were interviewed by an investigator, and sixteen answered letters written to them following their answers to the advertisement. Twenty-four offered to adopt the child for life for a certain sum; others said they would consider adopting it; and a number wished to board it. Some of the letters were so inexplicit that we could not tell what was offered.

Prices for adoption were: 1 applicant said \$100; 1, \$300; 1, \$350; 1, \$400; 2, \$500; 2, \$1,000; 2, \$2,000; 1, \$4,000; 1, \$7,000; 6 would not state the sum, but said they would determine this after they saw the child.

The prices for boarding the baby were: 1 applicant said \$10 a week; 1, \$5 a week until the child was seven years old, then \$10 until 18 years old; 1, \$5 a week until 21 years old, clothes extra; 1, \$5 a week, clothes extra; 2, \$5 a week; 9, \$4 a week; 1, \$3.50 a week, to include clothes; 8, \$3 a week; 2, \$10 a month; 1, \$12 a month; 1, \$25 a month, everything extra to be furnished—bed, baby carriage, clothing, and high-chair;

1, \$30 a month; 1, \$40 a month, all other expenses extra.

It is truly astonishing, as is shown by this investigation, how many people there are in the community who are willing to take an entirely strange baby, about whose history they know nothing, and adopt it into their families for life. Most of those who answered the advertisement stated that they would take the child and made no stipulations except in regard to the price. A few asked some questions and said that they must know something of the child's parentage; but in all there were not more than ten that did this.

Most of the letters were from private families that did not in any way make a business of this kind of thing; a smaller proportion were from professional "baby boarders;" and a few were from worthy people who wished to adopt a child for the sake of having it. With about 85 per cent to 90 per cent it was clearly a question of a means of earning money; the child was entirely secondary and was taken simply for a price.

All of the places were investigated that were near enough. A number of the applicants could not be interviewed, at least could not be found, though the investigator made several visits to their homes. On account of the importance of the subject a fairly full account of this investigation will be given.

The following are samples of letters received:

"I seen your ad for board for a baby eight days old. I would be very glad to hear from you saying when an interview can be had. I would love dearly to board and take charge of your little darling. I am a widow, no children living, have had four. I love a dear little baby and will love it and care for it and take an interest

in it as if it was mine and give it the best of attention. Hoping you will let me hear from you, kindly." An investigation was made and the writer was found to be a questionable character and was living in a disreputable place. She was working in a factory and had no apparent way of caring for the child.

"If you would like to have a good home for a baby, call at my home. I have had some babies before in board; if you furnish clothes the board is \$2.50 a week."

"Seeing your ad in this morning's paper would like to hear from you in regard to the baby. I have had a baby to board; I took it when it was four weeks old and had it for over two years."

The foregoing three are samples of the boarding home type.

The following letter is an instance of a couple's really wishing to have a child. "In reply to your advertisement in this morning's paper, would like to say I am a married woman without children, but very fond of them. Would like to hear from you in reference to giving the baby a home."

The following letter, though it sounds well, proved on investigation to be clearly a money proposition: "Seeing your ad in this morning's paper will state that I can care for the baby. I have a cozy home, also am a very patient disposition: Have four children, two almost grown and two between ten and fourteen. They are very fond of children."

"Seeing your ad in the paper concerning board for a child eight days old, I will be pleased to talk with you concerning the matter. Very respectfully." The writer was found to be a young married woman with an eight-months-old baby, living in a flat but intending

to take a house later. She would board a baby for \$5 a week, besides clothing. This was clearly to earn money.

"I read your ad in today's paper and as I am very fond of children I will be delighted to have the care of the child. There is only my husband and self in family. We are both very fond of children and have none of our own." The investigator found the writer to be a young woman who was doing factory sewing at home, receiving about 50 cents a dozen for children's dresses. She worked all day at this and made very little. Her husband was a motorman; they had been married for five years and had no children, which was a very great disappointment. She would make no offer concerning the financial side of the matter, the baby being the chief consideration.

"I will gladly take the child, as I have none of my own and love them dearly. I have plenty with which to take care of it and if you will kindly call at my home or let me know where I can see you we can talk the matter over." The investigator found a woman about fifty; she was living with a man to whom she was not married. She said she would board the baby for \$4 a week or accept it permanently for \$350. She directed that the infant be brought to her flat in a slat basket with a bottle of milk beside it, entirely covered over so that no one would know; she said she would pass it off as hers, for what she said, went, and her husband would not interfere. She said she had never taken any babies before; but she is certainly an old hand at this game. It is probable that she would take a baby immediately to an institution where she would place it for about \$50, thus clearing \$300.

"In reply to your advertisement beg to state that my wife and myself are very fond of children and would like to board your child, as we have not any children of our own, as we lost our last and only one. Please call and see if we are a suitable couple to care for your child." The investigator called and found that the wife was working in a factory and was not at home during the day; the man was out of employment. The gas inspector was there when the investigator called and he wanted to cut off the gas on account of the bill's not having been paid.

"In regard to the infant eight days old I could board it and take excellent care of it for \$4 a week." The investigator found that the writer was a woman working in the ——— Mills all night, earning \$8 a week. The husband worked in the daytime. They had one daughter, aged ten, at home. The woman offered to board the baby for \$5 a week, including washing and clothes, or accept it permanently for \$500. The woman was very frail and did not seem able to do much work. She was most eager for the \$500.

"I seen your ad in this morning's paper and thought I would answer it. I can give good reference. I charge \$3 a week for board and washing." This woman is a professional baby boarder and has been caring for babies for years. Her place was clean and the baby she had with her looked well cared for. She would board the baby for \$3, without providing clothes, and accept it permanently for \$400. There were three women and two men in the house.

"Please call or write. I have one child, a boy four years old. I love children. I have no washing to do. I take my boy to the park in summer every day. He

is a big fat boy. Your baby will be as big and fat as he if it comes with me." This woman would furnish board for \$3 a week, but would have to consult her husband in regard to accepting the baby permanently.

"I have five children of my own; my youngest is eighteen months; I am very fond of babies and love to care for them and would do by yours as I would by my own." The investigator found everything careless and untidy in the home; the breakfast dishes were not washed although it was 12 noon. The woman was most anxious to board the baby and evidently was in need of money. She would furnish board and clothes for \$4 a week. She would adopt the baby, but would have to think over the amount.

"I seen your advertisement in this morning's paper, I will board child for \$10 a month in advance." This was from a professional baby boarder, a hard-featured woman with a very poor home and surroundings entirely unfit for children.

"I am very fond of children; have one little girl five years old. I know I could give the baby a comfortable and kind home." This was from a shrewd, business-like woman who said she would board the baby for \$30 a month and adopt it for \$4,000. She knew of a baby's having been accepted permanently for a certain amount—\$60 was paid down, but more was not forthcoming; so the baby was placed in a hospital, where it died a little later.

"Your baby will find a permanent home with me for \$1,000; that means that I must take care of it and educate it and make out of it a citizen capable of making his own living when of age. I am not expecting to be informed much about him, but as I hope to raise him

with my own boys, same school, church, etc., I will be glad to know all you think best to tell me regarding health, nationality, etc., of parents."

"Under no circumstances will I take your child and give it a mother's care without a liberal offer, as only a mother knows the responsibility and care of an infant. If I take your child I would treat it as faithful as my child. In writing please state what you intend to give."

"I am willing to take the child and treat it as my own and feel that I can love it as such, but I could not do this for less than \$2,000."

"You propose to dispose of your child permanently; I should like to know what you are willing to pay."

"I will take your child for \$2,000; will give it a mother's care and protection and will never bother you about it; if you ever want to go to see it, it will be all right; if not, all right."

"I will take your child for \$5,000; you know there might be lots of doctor's bills before the child was raised to manhood. I will come to Baltimore and get the baby if you prefer and believe me, my dear girl, you can depend upon me for secrecy. I guarantee that not even my husband would know you were the mother."

"Please state what you call a liberal settlement. I suppose you have an idea what the care of an infant is; it means sleepless nights and great attention and if sick, doctor's bills and continual care, but God bless it, I'll promise you if I take it, you need not fear, it shall certainly have my best attention, but as I said in my letter I am not financially able to take it without proper pay."

"I read your advertisement in the paper. I would like to take care of your baby as I have not any of my own and have been married ten years."

"I am single, thirty-nine years old, in perfect health and have had the care of children all my life. I have been kept at home with the care of an invalid mother, who is now dead. I love to care for a baby and will give it the very best of attention. I understand bottle feeding and everything necessary for its successful raising. I could give it the greater part of my time, but I would expect to be paid a fair price for my services." The above letter at first leads one to suppose that it is all a case of love and interest; but at the end the real reason becomes manifest.

The following cases are taken from the report of a very careful investigator, who noted especially the kinds of homes and the classes of people that were bidding for the baby:

A1. Small house, poorly furnished. Two under-nourished children were playing in the front room and eating raw Irish potatoes. A1 is a very ordinary-looking woman and most untidy. She had been a mid-wife for years and worked with Dr. P48 and Dr. P49. She is getting almost too old, she said, for active work and is now trying to supplement her income by taking an infant to board. She would charge \$4 a week and if desired would take the baby permanently.

A2. This woman keeps a small grocery store, from which she makes a comfortable living. She lives with her sister-in-law and has not work enough to keep her busy. She said they had often wished for a child in the house; they would love it and care for it most tenderly for \$3 a week.

A3. Large house, fairly well furnished. A3 said she had recently moved to Baltimore from the South; that her husband is a successful business man and that it is not necessary for her to exert herself in any way; that her two daughters had made brilliant and successful marriages; that she is very lonesome for a child in the house and would give the baby the same loving care that she would if it were her own. She wanted \$5 a week for board, in addition to having all of the clothing furnished. She said that if \$300 were deposited to her credit in the bank she would assume all responsibility, both present and future. All during the interview children's voices were heard in the basement; the woman apologized again and again for the noise and said that the children belonged to a friend who was visiting her. She made a very unfavorable impression on the investigator, who judged from the woman's manner and the general surroundings that the house is a low-grade furnished-room establishment and the woman herself disreputable.

A4. Small house, plainly but neatly furnished. A4 is a wholesome-looking middle-aged woman; she said she should be glad to undertake the care of the baby for \$3 a week and should not object to keeping it permanently. She was willing also to provide clothes for this amount.

A5 wrote that she had a sunny front parlor, heat, bath, and every convenience. The investigator found a disreputable place to which she was unable to gain admittance, though she rang repeatedly. The house is in a bad neighborhood and evidently is a questionable place.

A6. A poor-looking home, with little furniture; the woman very ordinary looking and the husband evi-

dently dissipated. A6 said she would take the infant for \$25 a month, and everything necessary must be furnished—bed, baby carriage, clothes, and high-chair. There were three small step-children in the house who looked neglected, although the woman said she was greatly devoted to them and that they were to her.

A7. Very poor neighborhood; in the midst of disreputable houses; the house small, dirty, and in bad condition. The woman claimed to be the widow of a physician, and said that she and her daughter live together. The daughter is employed. A7 said that besides keeping house she could take beautiful care of the baby for \$4 a week. The rooms were quite small. There were two beds in the front room and barely space enough to move about; there was one small window on the street side that could not be opened. The woman looked dissipated. One could not conceive of more wretched conditions for bringing up a child.

A8. Questionable neighborhood; a sign on the house—"Furnished rooms and boarding." The woman is about forty-five years old and rather nice looking. She claimed to be a widow, working to put her son through college; she said she had twenty boarders, most of them students. She claimed to have had some training as a nurse and to be perfectly capable of bringing up a baby. Such skilled care as she could give, she said, would be worth \$40 a month. If arrangements were made to let her have the child she would consider giving up boarders and taking a smaller house. In addition to the \$40 a month she would insist on a supply of dainty clothes. She would want the money deposited in bank to her credit.

A9. A poorly located house with little furniture; the woman rather frail looking. She said that her

husband had been in bad luck and that she felt she must do something to help out, so she decided to take an infant to board; she said she was willing to care for it for \$10 a month, and that she would move to another house, as the present location would be most unsuitable for a child.

A10. Small, poor, ill-ventilated house; tobacco smoke and a man's hat and coat indicated that a man had just left the room. The woman was very mysterious in her manner and seemed to be afraid some one would hear her. She said that she and her husband were alone and that they had always longed for a child—this longing would have to be supplemented with \$4 a week and extra for clothes.

A11. Very badly located house; damp, with scarcely any ventilation; the woman most untidy. She would charge \$3 a week and everything else needed must be supplied.

A12. Well located, comfortably furnished house, and exceedingly neat. A12 is a nice-looking woman who exhibited her own two children as examples of what she could do. She said it was necessary for her to do something to help with the expense—she would take the child for \$5 a week, but clothing must be furnished.

A13. This woman said she would do everything in her power for the physical, mental, and moral welfare of the baby; that she was very fond of everything that was helpless, but that of course undertaking such a responsibility would depend upon the remuneration.

A14. The neighborhood is most disreputable, being very near the red-light district. The woman said she would treat the baby the same as her own child for \$3 a week.

MISCELLANEOUS INSTITUTIONS HAVING TO DO WITH THE CARE OF CHILDREN

The heads of a number of orphan asylums, homes, and nurseries were interviewed in order to see whether they would take a very young baby or whether they would give any directions concerning disposing of it. Among them were the following:

O1 (religious). The matron was interviewed. This institution undertakes the care of children only during the day, while the mothers are at work. Seven or eight babies, ranging in age from a few months to eighteen months, were there; the nursery was dark, with only one shutter open, and not well ventilated; and the babies were not very clean. The matron strongly advised that the young mother keep her baby, who needed her care. She said that the girl had committed a terrible sin and that she should do her duty by her child.

O2 Orphanage. There were 30 children in the home but only one illegitimate child. The matron could not receive so young a baby nor would she recommend any means for disposing of it.

O3 Orphanage. No child under three or over ten is taken at this place. The matron could not give any information regarding so young a baby.

O4 Home. The superintendent said that it is the policy of the institution to keep mother and child together and that it always works to that end and tries to find a suitable home where both can be received. As the interview progressed she gradually became less

rigid; and in the end she agreed to take the child herself permanently for \$250.

O5 Home. The superintendent said that the home could not receive the baby without its mother and could not furnish a boarding home nor advise any other means of disposal. She referred the visitor to the Henry Watson Children's Aid Society. She was urged, but did not yield; she stated, however, that she had been at the home only a short time and could not take any chances.

O6 Home. No children under two years old are taken. No information was given regarding the placement of children. The superintendent of the home, a man, made a very unfavorable impression on the investigator, a woman.

O7 Nursery (religious). There were about 18 small children in the room and one baby; infants are not usually taken, on account of lack of room; none of the children stay at night. The workers would give no information regarding the disposing of a child. The superintendent made a very favorable impression on the investigator; she is an intelligent woman and thoroughly interested in her work.

The O8 Nursery takes children during the day only. The mothers frequently leave them as early as 6 a.m., and do not come back until late in the evening. Sometimes babies only three weeks old are taken care of. As many as 110 have been cared for in one day. No information was given about boarding homes or placements.

O9 Orphanage. No children under five years of age are taken; no information regarding boarding homes could be obtained.

O10 Institution would not take a pregnant girl; the matron advised having the girl placed in Institution No.1, where the child could remain.

O11 Orphanage. Dr. P50, the woman in charge, is a graduate physician; she formerly conducted the ——— Orphanage, but the institution had some trouble with her and she was not retained. She then opened a private orphanage of her own, where she had about 20 children in her care; the youngest, whom the investigator saw, was old enough to walk; the oldest was about seven years. The general appearance of the house was poor and untidy; the children seemed to be very inadequately cared for. The woman offered to take a baby one week old for \$50, permanently. She works in connection with M22, a nurse and midwife. She told the investigator that she would meet the mother in a carriage and take the baby.

She said she had once taken charge of a baby two hours old; the mother was a girl of fifteen; no one knew of her condition except a married cousin with whom she lived. As soon as the baby was born it was placed in a cupboard and from there transferred to Dr. P50's Orphanage. The cousin, after a lapse of eight or nine months, adopted the baby.

She spoke of another, a young mother, whose baby had been placed in her care. The girl married, but before doing so told her prospective husband of the affair; after the marriage she came to the home and wanted her baby. Dr. P50 strongly advised against this, telling her that it was no use to brand and disgrace herself; nevertheless the young woman took the child.

Dr. P50 said that she has a band of ten willing workers, who assist by giving oyster suppers for the benefit of the home; she asserted that she receives private contributions also.

A second investigator was told by her that she would receive a baby permanently for \$100. A third investigator was told that she would not receive the baby for a specified sum but would take it to board for \$3 a week. It is evident that Dr. P50 arranges her price according to her impression of the applicant.

Her place, we are convinced, has no right to exist and should be broken up.

SUMMARY

INVESTIGATION OF INSTITUTION NO. 1

The superintendent of Institution No. 1 impressed the investigator as a rigid business manager. She agreed to take a pregnant girl into the institution, attend to her confinement, separate the child from the mother immediately after birth, and keep it permanently. The cost for this permanent placing of the child is \$125. The mother is required to relinquish all claim to the infant and has no further responsibility. If, instead of this, she wishes to see the child again and perhaps claim it, she is required to pay \$20 a month. If at any time she determines to give it up entirely, she can do so by paying \$125.

Feeding. Various kinds of food are given to the babies. Milk forms the basis and it is prepared according to certain formulas; but as these formulas are not strictly adhered to and as the measurements are inexact, the food very often is not suitable for the child to whom it is given.

Medicines. The babies are not given paregoric or other narcotics simply to keep them quiet; assertion to the contrary, though commonly made, is not true. The medicine given them is suitable and proper.

Bathing. Baths are given daily, but the same tub and often the same wash-cloths are used for a number of babies. This is responsible for the spread of infection.

Weighing. The weekly weighing of the babies shows in the majority of cases a decline instead of a gain.

Diseases and Deaths.* In 1909, 88 per cent of deaths were due to nutritional disturbances; in 1910, 73 per cent; in 1911, 66 per cent; in 1912, 72 per cent; in 1913, 55 per cent. In these five years 844 babies, or 73 per cent, died from the effects of nutritional disturbances.

In 1912 there were 259 admissions and 230 deaths—a mortality of 88 per cent. In 1913, the mortality was 84 per cent; in 1914 it was 78 per cent.

In the Baltimore City report on the infants committed by the city to this institution, the statement of mortality is as follows: in the year 1900, 75 per cent; in 1901, 90 per cent; in 1902, 83 per cent; in 1903, 91 per cent; in 1904, 100 per cent; in 1905, 87 per cent; in 1906, 100 per cent; in 1907, 100 per cent; in 1908, 100 per cent; in 1909, 87 per cent; in 1910, 71 per cent; in 1911, 100 per cent; in 1912, 85 per cent; in 1913, 85 per cent; in 1914, 85 per cent.

A calculation was made concerning the infants under one month of age that had been placed in the institution by the city from 1900 to 1914 and had not been removed, except by death, under a period of six months; among all these children there was not a single survivor—a mortality of 100 per cent.

Mode of Burial. The dead infants are buried in a large hole which serves to accommodate from 75 to 100. From time to time as they die their bodies are placed in the hole and covered with a few shovelfuls of earth. When the hole is filled with bodies, another hole is dug alongside it, and the bodies of infants that have been

* The figures are given in this summary without the fractional percentages—for example 88.16 per cent is here given simply as 88 per cent; for more detailed statement see the various sections.

buried there for several years are taken out and the bones thrown away to make room for new burials. It is estimated that in a small plot of ground about 5,000 infants have been buried. This method of burial is open to criticism from at least two points of view: first, the requirement of law that a dead body shall be covered a certain depth; second, the natural supposition that the body of a child is not to be dug up after two or three years and thrown away.

In order to determine the extent to which Institution No.1 is used for the placement of babies, a number of persons in the community who have to do in one way or another with the care of infants were interviewed. The result of this investigation is given in the following summary:

Physicians. Of 42 physicians who were asked concerning the disposition of an infant, 21 named Institution No.1.

Nurses. Of 69 nurses interviewed, 26 advised Institution No.1.

Midwives. Forty-nine midwives recommended Institution No.1 as a suitable place in which to put an infant permanently.

Hospitals. Persons in authority in 5 hospitals stated that they often send babies to Institution No.1.

INVESTIGATION OF INSTITUTION NO.2

The investigator interviewed the superintendent, who agreed to take a baby permanently for \$100 immediately after it was born. She gave the names of two physicians whom she considered suitable persons to attend a girl during confinement; one of these

physicians was found to be an abortionist, and the other was strongly suspected of being one.

The number of infants in the institution varies from 10 to 30. These are under the charge of one graduate nurse, assisted by maids. The general care of the infants is usually left to the nurse, who consults a doctor when she thinks it necessary.

Food, and Care of Children. The milk is not prepared according to any scientific formula. The attention to the children is without system. There is no weighing; very little inspection is made of the stools; the clothing is not uniform in weight; the babies are bathed in a common tub; there is no adequate isolation of infected babies; the rubber nipples are either very crudely sterilized, or not sterilized at all. In one instance it was seen that a nipple which had been used in the feeding of a syphilitic baby was thrown into a common jar from which other nipples were taken.

Diseases and Deaths. In 1909, 85 per cent of deaths were due to nutritional disturbances; in 1910, 84 per cent; in 1911, 73 per cent; in 1912, 72 per cent; in 1913, 75 per cent.

In 1902-3 the mortality in this institution was 83 per cent; in 1907-8, 81 per cent; in 1911, 77 per cent; in 1912, 80 per cent; in 1913, 95 per cent; in 1914, 72 per cent.* Among the infants placed by the city, the mortality in 1900 was 60 per cent; in 1901, 75 per cent; in 1902, 72 per cent; in 1903, 88 per cent; in 1904, 57 per cent; in 1905, 77 per cent; in 1906, 100 per cent; in 1907, 62 per cent; in 1908, 78 per cent; in 1909, 70 per cent; in 1910, 84 per cent; in 1911, 75 per cent; in

*First eight months of 1914.

1912, 20 per cent; in 1913, 70 per cent; in 1914, 50 per cent.

In a calculation which included only infants under one month of age that had been placed in Institution No.2 by the city, and had remained there for six months, unless removed by death, the mortality for the past fourteen years was 97.50 per cent.

Mode of Burial. The bodies of the babies are disposed of in one of two ways: they are either buried in a cemetery or turned over to the anatomical board for dissection.

Physicians. Of the physicians interviewed, 9 named Institution No.2 as the proper place for infants. The prices which they said the institution would charge ranged from \$50 to \$150.

Nurses. Of 69 nurses interviewed, 13 named Institution No.2.

Midwives. Of the midwives interviewed, 19 said they would take the child to Institution No.2.

Hospitals. Several hospitals highly recommended Institution No.2.

INTERVIEWS

Physicians. Forty-nine physicians were asked concerning the care of an unmarried pregnant girl and the disposing of the baby: 42 of these agreed to take charge of the case and either to place the baby themselves or to have some one do it for them; 2 said they did not take obstetrical cases, but referred the investigator to physicians who did; 5 refused to aid in disposing of the baby, but of these, 2 said that such things were done at the hospital with which they were connected and told the investigator the names of persons to see.

Clergymen. Thirty clergymen, including Protestants, Catholics, and Hebrews, were interviewed regarding the separating of a baby from its mother immediately after birth and the placing of it permanently in an institution. These included some of the most prominent ministers in town, many of them closely identified with social service. Two refused; 28 offered no objection and promised to aid in every way possible; several were willing to take money for their services.

Nurses. An investigation was made of 69 nurses, most of whom were thought to have to do with obstetrical cases. In this group there were 30 practical nurses, 26 graduate nurses, 3 undergraduates, and 10 others. Some were not in a position to take charge of the case; but in the whole group there were only 4 who said they did not approve of separating a child from its mother.

Midwives. A careful investigation was made of the midwives. The following questions were asked: Would the midwife do an abortion? Where could the girl be confined? What disposition could be made of the child?

One hundred and eleven of these women were interviewed: 51 of them were seen by two investigators and 13 by three investigators.

Sixty-one offered to arrange to board the girl, either in their homes or with some neighbor.

Thirty-five stated that they would do an abortion.

Seventy-nine out of the 111 were interviewed concerning the immediate separation of a child from its mother and the placing of it in some institution or family,—all of these agreed to the proposition. The question was not put to the remainder.

Social and Religious Workers. A number of social workers and religious workers were interviewed. Some of them consented to separate mother and child; others refused. One woman, a member of several religious societies and one of the chief workers in an auxiliary board connected with a certain hospital, devotes all her time to the placing and disposing of infants. It is strictly a business with her and one in which no consideration is shown the child. The woman states frankly that she believes it better for the child to die. She will make all arrangements and take charge of all the money for the procedure. She pays the hospital and the doctor, disposes of the baby, and so on. She asserts that she does not get anything out of this for herself, and that her reward is in knowing that she has helped the girl. She agreed also to furnish a child for \$15 to a person entirely unknown to her. This woman is a notable example of baby trafficker.

Members of the well-known charitable organizations were interviewed concerning the traffic, and they refused to take any part in it.

Hospitals. Persons in authority at two hospitals told the investigator that they would furnish a young baby from the maternity ward for adoption into a family. They did not make any investigation of the family, but were willing to turn the child over to an entire stranger.

Only a few of the hospitals in the city refused to allow an immediate separation of mother and child. Several of them have an arrangement with Institution No.1 or Institution No.2 to receive the babies that are to be disposed of.

Boarding Homes. One hundred and eighteen boarding homes for children were listed for investigation. A number on the list were found not to exist; in some others the proper person to give information could not be found; 67 on the list were investigated. In addition to the above official list, 18 more were found; these had not licenses or official recognition. Many of the places were found to be insanitary; the houses were small and crowded; the children were not well cared for and had the appearance of being under-nourished. In one small house there were 18 children; in another, 26 children. The women in charge of boarding homes were asked about the accepting of an infant one week old. Of those interviewed regarding this, 42 would not accept the child; 28 would; 2 wished to consider the matter; the others were undecided. The prices charged for taking the child permanently ranged from \$75 to \$6,500.

Advertising Regarding Home for Very Young Infant. An advertisement for a home for an infant was placed twice in a daily paper: 105 answers were received from persons who wished to adopt the child; 39 of the applicants were interviewed by the investigator and 16 answered letters written to them in reply to their answers to the advertisement; 24 offered to adopt the child for life for a certain sum, the prices ranging from \$100 to \$7,000; many wished to board the baby, at prices ranging from \$3.50 to \$10 a week.

The investigation showed that the well-nigh universal object was money, though a few persons seemed really to want the child. The people answering the advertisement were for the most part very ordinary; some of the homes were dirty and disreputable.

Miscellaneous Institutions Having to do with the Care of Children. The heads of a number of orphan asylums, homes, and day nurseries were interviewed to see whether they would take a very young baby or whether they would give any directions concerning the disposal of it. Most of these would not take the child nor direct the investigator to any one who would. The matron of a well-known place at first refused, but later agreed to take the child herself permanently for \$250. Another one agreed to take it permanently for \$50.

To summarize briefly we repeat a statement made in the Introduction, to the effect that this whole system of doing away with infants has some phases of a regularly commercialized traffic, in which a large number of persons are directly or indirectly engaged for profit.

APPENDIX

[*Law enacted by the State of Maryland, resulting from the investigation by the Maryland State-wide Vice Commission of the traffic in babies.*]

LAWS OF MARYLAND 1916 (CHAPTER 210)

AN ACT to add five new sections to Article 27 of the Code of Public General Laws, sub-title "Crimes and Punishments," to be known as Sections 484, 485, 486, 487 and 488, and to follow immediately after Section 483 thereof, making it unlawful to separate or cause to be separated any child under six months of age from its mother for the purpose of placing such child in a foster home or institution, or to place, receive or retain such child in a foster home or institution, and to regulate the manner and circumstances under which it may be done, and to provide a penalty for violation of said Act; the same to read as follows:

SECTION 1. *Be It Enacted by the General Assembly of Maryland,* That five new Sections be, and the same are, hereby added to Article 27 of the Code of Public General Laws, sub-title "Crimes and Punishments," to be known as Sections 484, 485, 486, 487 and 488, and to follow immediately after Section 483 thereof, and to read as follows:

SECTION 484. *Be It Enacted by the General Assembly of Maryland,* That it shall be unlawful to separate a child under the age of six months from its mother for the purpose of placing such child in a foster home or institution for the maintenance of such child, or to assist or participate in such separation, or to place, receive or retain any child in a foster home or institution for the maintenance of such child, or to assist or participate in so placing, receiving or retaining such child; unless it be necessary for the physical good of the mother or of such child that they be separated or that such child be placed, received or retained in a foster home or institution for the maintenance of such child, and two physicians, qualified to practice medicine in the State of Maryland, and who shall have been engaged in active practice for at least five years, shall have signed a certificate setting out the reasons for such necessity, or unless a Court of competent jurisdiction shall have so ordered, or unless within the discretion of the Board of State Aid and Charities such separation is necessary, and said Board gives its written consent thereto.

SECTION 485. It shall be the duty of every person separating, or assisting or participating in separating, any such child from its mother, and of every person placing, receiving or retaining or assisting in placing, receiving or retaining any such child in a foster home or institution for the maintenance of such child, before so doing, to investigate whether the mother of such child be living and whether two physicians have signed the certificate above provided for or whether a Court of competent jurisdiction, or the Board of State Aid and Charities, has ordered such separation and the placing of the child in such foster home or institution.

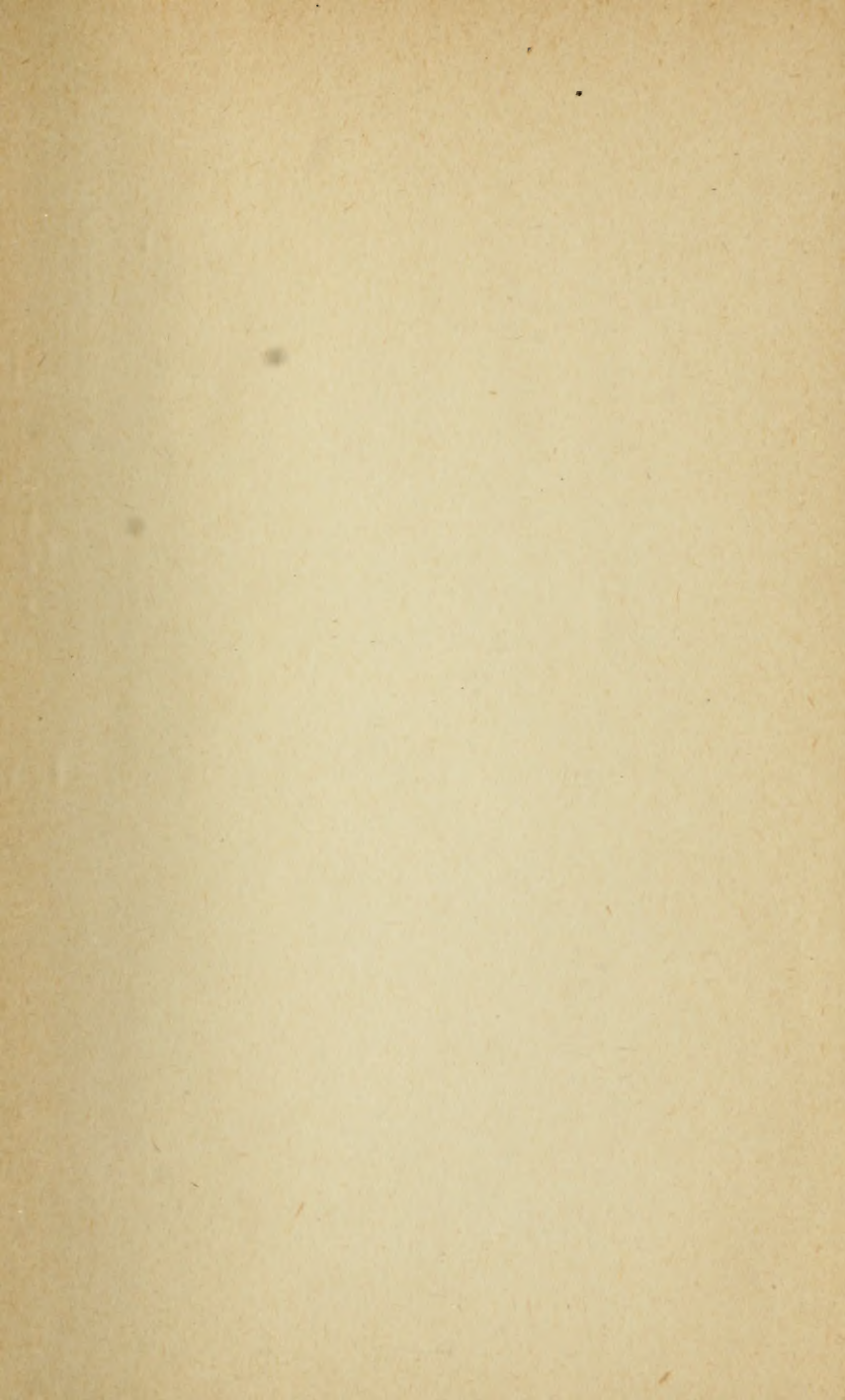
SECTION 486. It shall be the duty of the person who shall receive any such child in a foster home or institution for the maintenance of such child to file forthwith the certificate above provided for with the Board of State Aid and Charities, and the duty of every person who shall retain, or assist or participate in retaining, any such child in a foster home or institution for the maintenance of such child, to ascertain whether said certificate has been so filed, and, if there be no such certificate, then to notify said Board forthwith of the facts concerning the separation of said child from its mother and the reception and retention of such child in said foster home or institution.

SECTION 487. Whenever it shall come to the notice of said Board that any such child has been separated from its mother or has been placed in an institution for the maintenance of such child, said Board shall cause an investigation to be made, and if it appear to the Board that this Act has been violated it shall make known the facts to the authorities charged with the enforcement of the criminal laws to the end that proceedings may be started for the punishment of the person or persons who may have violated the Act.

SECTION 488. Every person who violates or fails to comply with any of the provisions of this Act, and every physician who knowingly makes a false certificate as above provided for, shall be guilty of a misdemeanor and upon conviction thereof may be fined not more than One hundred dollars (\$100.00) or imprisoned in jail for not more than one hundred days, or both, in the discretion of the Court.

SECTION 2. *And be It Further Enacted*, That this Act shall take effect from the first day of June 1916.

Approved April 11th, 1916.



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